

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The color of age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 136 11762 202

1. PLACE OF DEATH:

County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life
 Hospital, institution, or street address where death occurred:
493 Mitchell Ave. Hagerstown, Md.
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 493 Mitchell Ave.
 (If rural, give LOCATION)
 2. (a) If veteran, name war

3. (a) FULL NAME

Benjamin Howard Baker

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married
 8. (b) Name of husband or wife Catherine E. Baker
 6. (c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) July 12, 1901

8. AGE: Years 47 Months 3 Day 25 if less than one day _____ hrs. _____ min.

9. Birthplace Leitersburg, Maryland
 (Town, county, and state)

10. Usual occupation Labor

11. Industry or business

MOTHER 12. Name Daniel E. Baker

13. Birthplace Washington County, Md.

14. Maiden name Fannie K. Miner

15. Birthplace Washington County, Maryland

16. Informant Mrs. Catherine E. Baker

Address 493 Mitchell, Hagerstown, Md.

17. Burial Date thereof Nov. 9, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Lutheran Cemetery

Location Leitersburg, Maryland

18. Funeral director Fred W. Kraiss

Address Hagerstown, Maryland

19. Nov. 10, 1948 Chas H Bowers
 (Data rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 6 1948 at 6:30A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from _____ 19____, to _____ 19____

and that I last saw him _____ alive on _____ 19____

Immediate cause of death _____ DURATION _____

Pulmonary tuberculosis 6 yrs

Due to acute military tbc 3 d

Due to _____

Other conditions _____

(Include pregnancy within 8 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide No Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

DEPUTY MEDICAL EXAM. Robert Wells

23. SIGNATURE _____ WASH. CO., MD. /

M. D. 11/9/48

Address Hagerstown, Md Date signed 11/9/48

RECEIVED

NOV 15 1948

BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11763

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington
 City or town Hagerstown, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 15 years
 Hospital, institution, or street address where death occurred:
211 High Street
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 211 High Street
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Fannie E. Baker

3. (b) Social Security Number

NONE

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widow

6. (b) Name of husband or wife

Elijah Baker

8. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

February 18, 1866

8. AGE:

Years

82

Months

8

Days

20

If less than one day

hrs.

min.

9. Birthplace

Emmitsburg, Maryland

(Town, county, and state)

10. Usual occupation

Housework

11. Industry or business

FATHER
MOTHER

12. Name

John Eyler

13. Birthplace

Emmitsburg, Maryland

14. Maiden name

Elizabeth McClain

15. Birthplace

Emmitsburg, Md.

16. Informant

Mrs. Grace Schmidt

Address

Hagerstown, Maryland

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof

11-9-48

(month) (day) (year)

Cemetery or crematory

Rose Hill Cemetery

Location

Hagerstown, Maryland

18. Funeral director

C. M. Suter & Sons

Address

Hagerstown, Maryland

19.

Nov 8. 48
(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7 Nov 48 1948 at 6A M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 1 1948 to 7 Nov 1948 and that I last saw him alive on 6 Nov 1948

Immediate cause of death

arterio sclerosis C-V Disease
with myocardial failure

DURATION

10 yrs +

Due to

Due to

Other conditions

Diabetes Mellitus

10 yrs +

(Include pregnancy within 3 months of death)

Major findings of operations

The

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

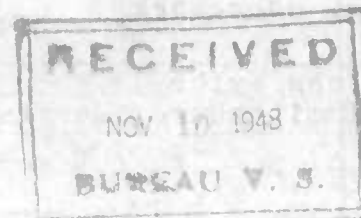
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE

Address 2300 Potosi Date signed 7 Nov 48



Lucy

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No. 11764 304

1. PLACE OF DEATH:

County Washington
 City or town Hancock
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 30 years
 Hospital, institution, or street address where death occurred:
West Main Street
 How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Washington
 City or town Hancock
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. West Main Street
 (If rural, give LOCATION)
 2.(a) If veteran, name war —

3. (a) FULL NAME

William Ervin Baker

3. (b) Social Security Number

—

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married
 6.(b) Name of husband or wife Mary Reed Baker
 6.(c) If alive, give age 73 years
 7. Birth date of deceased (mo., day, yr.) Dec. 23, 1869
 8. AGE: Years 78 Months 11 Days 0 If less than one day — hrs. — min.

9. Birthplace Brahr's Mills, Fulton Co., Penna.
 (Town, county, and state)

10. Usual occupation Miller

11. Industry or business —

FATHER 12. Name UNKNOWN
 13. Birthplace Penna.
 MOTHER 14. Maiden name Martha Baker
 15. Birthplace Penna.

16. Informant Mrs. Mary R. Baker
 Address Hancock, Md.

17. Burial Date thereof Nov. 26, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Parkhead Farm Church Cem.
 Location 8 mi. east of Hancock on Route 40

19. Funeral director Charles R. Bast
 Address Hancock, Maryland

19. 11-26-48 19 48 John Heller
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 23, 1948 at 11:05 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 23, 1948 to Nov. 23, 1948 and that I last saw him alive on 11-22-48

Immediate cause of death Cardiac Failure (heart) DURATION

Due to Chronic Cardiac weakness

Due to renal disease
arteriosclerosis

Other conditions —

(Include pregnancy within 3 months of death)

Major findings of operations —

Date of op. —

Autopsy results —
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide — Date of —

Where did injury occur? — (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) —

Means of injury — Injured at work? —

23. SIGNATURE Herbert R. Johnson, D. M. D. or other
Hancock, Md. Address Date signed 11-26-48

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NOV 30 1948

BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11765

Reg. Dist. No. 302

1. PLACE OF DEATH:

County..... Washington
 City or town..... Hagerstown, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?..... Life
 Hospital, institution, or street address where death occurred:
Washington County Hospital
 How long in hospital or institution?..... 1 day

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State..... Maryland County..... Washington
 City or town..... Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
216 Summit Avenue
 Street No.....
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME

Frank C. Beachley

3. (b) Social Security Number

NONE

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widower

6. (b) Name of husband or wife

Annetta Beachley

8. (c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.)

November 16, 1877

8. AGE:

Years

Months

Days

If less than one day

701128

hrs.

min.

9. Birthplace

Hagerstown, Wash. Co. Md.

(Town, county, and state)

10. Usual occupation

Merchant

11. Industry or business

FATHER

12. Name

J. Henson Beachley

13. Birthplace

Hagerstown, Maryland

MOTHER

14. Maiden name

Anna Knode

15. Birthplace

Hagerstown, Maryland

16. Informant

Fred. Beachley

Address

Washington, D. C.

17. Burial

Bere theroof

11- 15- 48

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

Rest Haven Cemetery

Location

Hagerstown, Maryland

18. Funeral director

C. M. Suter & Sons

Address

Hagerstown, Maryland

19.

Nov. 13, 48

19

48Chas. Bowers

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

Nov. 13, 48

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Nov. 12, 48and that I last saw him/her alive on Nov. 13, 48

Immediate cause of death

2nd. Intensive Cardiac - Vascular - Renal Disease.

DURATION

147.

Due to

Due to

Other conditions

Strenuous physical exertion
(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury

Injured at work?

23. SIGNATURE

Frank C. Beachley
Hagerstown, Md. M. D. or
Address..... Date signed Nov. 13, 48

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NOV 16 1948

BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 12 yearsHospital, institution, or street address where death occurred:
235 Suter Ave.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County WashingtonCity or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)Street No. 235 Suter Ave.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Harvey S. Benedeick

3. (b) Social Security Number

220-09-7645

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married6. (b) Name of husband or wife Grace May Benedeick7. Birth date of deceased (mo., day, yr.) Feb, 1, 1873

8. (c) If alive, give age year

8. AGE: Years 75 Month 9 Day 11 If less than one day
..... hr. min.9. Birthplace Franklin Co. Penna.
(Town, county, and state)10. Usual occupation Laborer

11. Industry or business

12. Name Unknown

13. Birthplace

14. Maiden name Unknown

15. Birthplace

16. Informant Mrs. Grace M. BenedeickAddress 235 Suter Ave. Hagerstown, Md.17. Burial Date thereof Nov. 16, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Rose Hill CemeteryLocation Mont Alto, Penna.18. Funeral director Fred W. KraissAddress Hagerstown, Maryland.19. Nov 15, 48 Chas. H. Bowers
(Data rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 12, 1948 at 10 P.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 1, 1948 to Nov 12, 1948and that I last saw him Nov 12, 1948 live on Nov 12, 1948Immediate cause of death Infarct of Liver

Due to

Due to

Due to

Due to

Other conditions Arterio Sclerosis

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

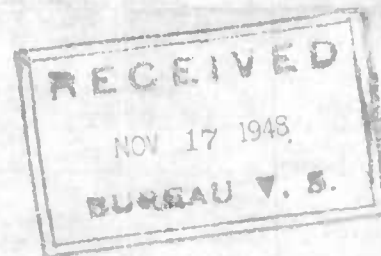
Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

Signature Chas. H. Bowers M. D. or otherAddress Hagerstown, Md. Date dictated Nov 15, 48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Dr. Novenstein

11767

Reg. Dist. No. 302...

1. PLACE OF DEATH:

County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Washington Cty. HospitalHow long in hospital or institution? One Week

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County WashingtonCity or town R. # 2, Smithsburg, Md.
 (If outside city or town limits, write RURAL and give nearest town)Street No. _____
 (If rural, give LOCATION)2.(a) If veteran, name war none

3.(a) FULL NAME

Carroll Raymond Birely

3.(b) Social Security Number

183-12-2374

4. Sex 5. Color of race 6.(a) Single, married, widowed, or divorced

MaleWhiteMarried8.(b) Name of husband or wife Pauline L.8.(c) If alive, give age 43 years7. Birth date of deceased (mo., day, yr.) Feb. 8, 19028. AGE: Years Months Days If less than one day
46 9 13 hrs. min.9. Birthplace Sabillasville, Frederick, Co., Md.
 (Town, county, and state)10. Usual occupation Laborer11. Industry or business Farmer12. Name Thomas Edward Birely13. Birthplace Smithsburg, Md.14. Maiden name Marie Alice Manahan15. Birthplace Deerfield, Md.16. Informant Pauline L. BirelyAddress Smithsburg, R. # 2, Md.17. Burial Date thereof Nov. 24, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Green Hill CemeteryLocation Waynesboro, Pa.18. Funeral director Andrew K. CoffmanAddress Hagerstown, Md.19. Nov 23 1948 Chas. F. Bowers
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 21, 1948 at 1:30 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 16, 1948 to Nov. 21, 1948
 and that I last saw him alive on Nov 21, 1948Immediate cause of death Subsided Venous Thrombosis (Pulmonary)

DURATION

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Autopsy results Referred to Suburban Hospital, Gaithersburg, Md. Date of op. _____

PHYSICIAN: Please underline the cause to which death should be charged statistically

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide Probable accident, date isWhere did injury occur unknown (City or town) (County) (State)Injured at home, farm, industry, public place (where?) unknownMeans of injury unknown injured at work?23. SIGNATURE Sidney Novenstein M.D. M. D. or otherAddress Fredericktown Md Date signed 11/22/48

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NOV 26 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore
CERTIFICATE OF DEATH

Dr. Porterfield
11768
Reg. Dist. No. 302

1. PLACE OF DEATH: County..... <u>Washington</u> City or town..... <u>St James</u> (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?..... <u>3 Years</u> Hospital, institution, or street address where death occurred: <u>Hagerstown Rout 3</u> How long in hospital or institution?..... <u>None</u>			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State..... <u>Maryland</u> County..... <u>Washington</u> City or town..... <u>St James</u> (If outside city or town limits, write RURAL and give nearest town) Street No..... <u>None</u> (If rural, give LOCATION) 2.(a) if veteran, name war..... <u>None</u>		
3. (a) FULL NAME <u>David Roy Bitner</u>			3. (b) Social Security Number <u>Farmer</u>		
MEDICAL CERTIFICATION					
4. Sex <u>Male</u>			5. Color or race <u>White</u>		
6. (a) Single, married, widowed, or divorced <u>Married</u>					
6. (b) Name of husband or wife <u>Etta May</u>					
7. Birth date of deceased (mo., day, yr.) <u>October 17, 1890</u>					
8. AGE: Years Months Days If less than one day <u>58</u> <u>0</u> <u>17</u> hrs. min.					
9. Birthplace <u>Oakland Md.</u> (Town, county, and state)					
10. Usual occupation <u>Farmer</u>					
11. Industry or business <u>Farmer</u>					
12. Name <u>William Bitner</u>					
13. Birthplace <u>Somersit, Panna.</u>					
14. Maiden name <u>Nancy Rombolt</u>					
15. Birthplace <u>Somersit, Panna.</u>					
16. Informant <u>Mrs. Etta Bitner</u> Address <u>St James, Maryland</u>					
17. Burial Date thereof <u>11/5/48</u> (Burial, cremation, or removal. Which?) (month) (day) (year) Cemetery or crematory <u>Rose Hill Cemetery</u> Location <u>Hagerstown, Md</u> Funeral director <u>Andrew K. Coffman</u> Address <u>Hagerstown, Maryland</u>					
18. (Date rec'd by registrar) <u>Nov. 8, 1948</u> Registrar <u>Black/Bowers</u>					
20. DATE OF DEATH <u>November 3/ 1948 at 9:30 P.M.</u>					
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from <u>July 23</u> to <u>45</u> to <u>Nov 3</u> 19 <u>48</u> and that I last saw him alive on <u>Nov 2</u> 19 <u>48</u> Immediate cause of death <u>Coronary Thrombosis</u> DURATION <u>11/3/48</u> Due to <u>arteriosclerosis</u> Due to Other conditions (Include pregnancy within 3 months of death) Major findings of operations Date of op. Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.					
22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Date of Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Means of injury Injured at work?					
23. SIGNATURE <u>H. S. Porterfield M.D.</u> Address <u>136 W Washington</u> Date signed <u>11/27/48</u>					

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NOV 10 1948

BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County WashingtonCity or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

609 Salem Ave.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County WashingtonCity or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)Street No. 609 Salem Ave
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

David Edgar Black

3. (b) Social Security Number

214-09-0875

4. Sex

male

5. Color or race

white

6. (a) Single, married, widowed, or divorced

married

6. (b) Name of husband or wife

Pearl P. King

7. Birth date of deceased (mo., day, yr.)

Jan 13th 18836. (c) If alive, give age 63 years

8. AGE:

Years

Months

Days

If less than one day

651011

hrs.

min.

9. Birthplace

Springfield District Va.
(Town, county, and state)

10. Usual occupation

Nurse Attendant

11. Industry or business

MOTHER FATHER

12. Name

B. A. Black

13. Birthplace

Hagerstown Va

14. Maiden name

Lizzy V. Cabbage

15. Birthplace

Luray Va.

16. Informant

David E. Black

Address

Salem Ave. E. Hagerstown Md.

17. Burial (Burial, cremation, or removal. Which?)

Date thereof Nov 28th 1948
(month) (day) (year)

Cemetery or crematory

West Haven Cemetery

Location

Hagerstown Md.

18. Funeral director

West Haven Funeral Chapel

Address

Hagerstown Md.

19. (Date rec'd by registrar)

Nov 26th 1948

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 24 1948 at 24 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

11 Oct 1948 to 24 Nov 1948
and that I last saw him alive on 17 Nov 1948

Immediate cause of death

Coronary thrombosis

DURATION

10 min

Due to

myocardial infarction

Due to

Other conditions hypertension
cardiovascular disease
(Include pregnancy within 3 months of death)1 mo

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

W. J. Layman
Hagerstown Md. Date signed 26 Nov 48

RECEIVED

NOV 29 1948

BUREAU V. S.

Birth and Death 11/770
157

MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF STILLBIRTH

Reg. Dist. No. 302

A certificate must be filed within 24 hours for every still birth of 20 weeks' gestation or more (see stub)

1. PLACE OF BIRTH:

County Washington
City or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)
Street address, hospital, or institution:
Washington County Hospital
Length of mother's stay in County 29 years
(How many years, or months, or days. SPECIFY WHICH)

2. USUAL RESIDENCE OF MOTHER:

State Maryland
County Washington
City or town Hagerstown Route
(If outside city or town limits, write RURAL and give nearest town)
Street No. RR # 5
(If RURAL give LOCATION)

3. Name of child Baby Boy Butts

5. Sex male

6. Twin or triplet

4. Date of birth November 7, 1948 Hour 4:00 A.M.

7. No. of weeks pregnancy 24 weeks

FATHER OF CHILD

8. Full name James Charles Butts
9. Color W **10. Age at time of this birth** 42 yrs
11. Usual occupation Is now in State institution

MOTHER OF CHILD

12. Full maiden name Mary Leathess Robier
13. Color W **14. Age at time of this birth** 29 yrs
15. Usual occupation Housewife

16. Other children born to mother (not including present child): (a) How many children of this mother are now living? 3
(b) How many other children were born alive but are now dead? 2 (c) How many other children were born dead? 0

17. Did child die before labor? no **During labor?** no

18. Pregnancy, complications of none

19. Labor: (a) Complications of none, premature
(b) Induced? no

20. (a) Was there an operation for delivery? no
(b) State all operations, if any

(c) Did child die before operation?
During operation?

23. (a) Burial (b) Date thereof 11/18/48
(Burial, cremation or removal) (month) (day) (year)
(c) Cemetery or crematory Rest Haven

24. (a) Funeral director Rest Haven Chapel
(b) Address Hagerstown Md.

21. Cause of stillbirth. Please be specific. For terms like prematurity, asphyxia, etc., try to add cause thereof.

(a) Fetal causes Prematurity
(b) Maternal causes Prematurity, old
Luteic

22. I certify to the birth of this child who was born dead* on the date and hour above stated.

Signature Robert U. Campbell
(Specify if M. D., midwife, or other)

Address Hagerstown Md.

25. (a) Nov 8, 1948 (b) Robert U. Campbell
(Date rec'd by registrar) (Registrar)

26. (To be filled out if no physician was present at delivery.)
The above certificate has been examined by me.

Health Officer, per

* See Instruction C on stub.

Child lived & thrived.

V. S. A10

RECEIVED

NOV 10 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County WashingtonCity or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 8 hrs.

Hospital, institution, or street address where death occurred:

Wash. Co. HospitalHow long in hospital or institution? 8 hrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County WashingtonCity or town Hagerstown - Rural
(If outside city or town limits, write RURAL and give nearest town)Street No. Hagerstown R. 5
(If rural, give LOCATION)2(a) If veteran, name war no

3. (a) FULL NAME

Gerald Edward Bywaters

3. (b) Social Security Number

none

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife

Single

7. Birth date of

deceased (mo., day, yr.)

November 30, 1948

6. (c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

28 hrs. min.

9. Birthplace

Hagerstown Md.
(Town, county, and state)

10. Usual occupation

None

11. Industry or business

-

MOTHER FATHER

12. Name

Frank Bywaters

13. Birthplace

Hagerstown Md. R. 5

14. Maiden name

Anna Catherine Moses

15. Birthplace

Boonsboro Md. R. 2

16. Informant

Frank Bywaters

Address

Hagerstown Md. R. 5

17.

(Burial, cremation, or removal. Which?)

Date thereof Dec. 1, 1948
(month) (day) (year)

Cemetery or crematory

Boonsboro Cemetery

Location

Boonsboro Md.

18. Funeral director

Wm. J. Bart Sons

Address

Boonsboro Md.

19.

(Date rec'd by registrar)

Dec. 1, 1948

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 30 at 9:20 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Nov 30 at 9:20 PM to Nov 30 at 9:20 PMand that I last saw him alive on Nov 30 at 9:20 PM

Immediate cause of death

DURATION

Due to

20 hrs

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE

M. D. or other

Address Date signed 11/4/48

MARGIN RESERVED FOR BINDING

Dr. Datto 1710

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

UNITED STATES DEPARTMENT OF JUSTICE

STANDARD FORM NO. 100

OFFICE OF THE ATTORNEY GENERAL

WASHINGTON, D. C.

RECEIVED

RECEIVED

DEC 3 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 11772
83a 801

1. PLACE OF DEATH:

County Washington
 City or town Rural Williamsport R.F.D. 2.
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 8 Years.
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland. County Washington.
 City or town Rural Williamsport R.F.D. 2.
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Henry Thomas Charlton.

3. (b) Social Security Number

None.

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married.
 6.(b) Name of husband or wife Mary Alice Charlton.
 6.(c) If alive, give age 66 years
 7. Birth date of deceased (mo., day, yr.) Sept. 14 1867.
 8. AGE: Years 81 Months 2 Days 10 If less than one day _____ hrs. _____ min.

9. Birthplace Williamsport. Washington. Md.
 (Town, county, and state)
 10. Usual occupation Retired Farmer.
 11. Industry or business Self.

FATHER 12. Name Thomas Charlton.
 13. Birthplace Williamsport. Md.
 MOTHER 14. Maiden name Jane Hetzer.
 15. Birthplace Williamsport Md.

16. Informant Mrs Mary Alice Charlton.
Williamsport R.F.D.2.
 Address _____

17. Burial. Date thereon Nov. 27 1948.
 (Burial, cremation, or removal. Which?) (month) (day) (year)
Rest Haven.
 Cemetery or crematory _____
 Location Hagerstown Md.
Mrs Edith V Leaf.
 18. Funeral director
 Address Williamsport Md.

19. Nov. 27 48 E Lee McElroy
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/24/48 19____, at 11 P. M
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 11/10/48 19____ to 11/24/48 19____
 and that I last saw him on 11/24/48 19____
 Immediate cause of death Cerebral Apoplexy DURATION 2 hrs
 Due to _____
 Due to _____
 Other conditions _____
 (Include pregnancy within 3 months of death)
 Major findings of operations _____ Date of op. _____
 Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
 Accident, suicide, or homicide _____ Date of _____
 Where did injury occur? _____ (City or town) _____ (County) _____ (State) _____
 Injured at home, farm, industry, public place (where?) _____
 Means of injury _____ Injured at work? _____
 23. SIGNATURE A. F. Young M. D. or other _____
Williamsport, Md. Date signed 11/26/48
 Address _____

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

NOV 30 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11773

Reg. Dist. No. 302

1. PLACE OF DEATH:

County WASHINGTON
 City or town HAGERSTOWN
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 3 WEEKS
 Hospital, institution, or street address where death occurred:

GARLOCK MEMORIAL CONVALESCENT HOME

How long in hospital or institution? 3 WEEKS

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State PENNSYLVANIA County FRANKLIN
 City or town ST. THOMAS
 (If outside city or town limits, write RURAL and give nearest town)

Street No. _____
 (If rural, give LOCATION)

2. (a) If veteran, name war _____

3. (a) FULL NAME

Lottie E. Clark

3. (b) Social Security Number

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, married, widowed, or divorced WIDOW

6. (b) Name of husband or wife WILLIAM JAMES CLARK

7. Birth date of deceased (mo., day, yr.) AUGUST 31, 1855 8. (c) If alive, give age _____ years

8. AGE: Years 93 Months 2 Days 4 If less than one day _____ hrs. _____ min.

9. Birthplace FRANKLIN Co. PA.
 (Town, county, and state)

10. Usual occupation HOUSEKEEPER

11. Industry or business

12. Name JOHN CROFT

13. Birthplace FRANKLIN Co. PA.

14. Maiden name MARTHA WERTZ

15. Birthplace FRANKLIN Co. PA.

16. Informant Mrs. E. Frank Gillan

Address St. Thomas, Va.

17. REMOVAL Date thereof Nov. 9, 1948
 (Burial, cremation, or removal) (month) (day) (year)

Cemetery or crematory St. Thomas Cemetery

Location St. Thomas, Va.

18. Funeral director Robert A. Sellers

Address Chambersburg, Va.

19. Nov. 6, 1948 Registrar Chambersburg

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 5 Nov 48 19. at 930 P.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 3 Nov 19. 48 to 5 Nov 19. 48

and that I last saw him alive on 5 Nov 19. 48

Immediate cause of death Lobar Pneumonia

DURATION 2 days

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

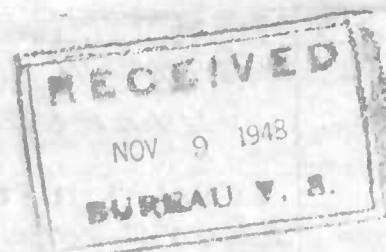
Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE J. J. Lusky M. D. or other _____

Address 2300 N. Main Date signed 6 Nov 48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 11774 302

1. PLACE OF DEATH:

County WashingtonCity or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)How long to above place of death? 5 years

Hospital, institution, or street address where death occurred:

Washington County Hospital

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County WashingtonCity or town Hagerstown, Maryland
(If outside city or town limits, write RURAL and give nearest town)Street No. 1004 Penna. Ave.
(If rural, give LOCATION)

2. (a) If veteran, name war

3. (a) FULL NAME

Helen W. Clopper

3. (b) Social Security Number

NONE

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Female White Married8. (b) Name of husband or wife Lawrence A. Clopper7. Birth date of deceased (mo., day, yr.) February 19, 1913 5. (c) If alive, give age years8. AGE: Years Months Days If less than one day
35 8 16 hrs. min.9. Birthplace Highland Park, N.J.
(Town, county, and state)10. Usual occupation Home Duties

11. Industry or business

12. Name Michael Loeger13. Birthplace New Jersey14. Maiden name Mary Brown15. Birthplace New Jersey16. Informant Lawrence A. ClopperAddress 1004 Penna. Ave., Hagerstown, Md.17. Burial Date thereof Nov. 8, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Blairs Valley CemeteryLocation Near Clear Spring, Maryland18. Funeral director Fred W. KraissAddress Hagerstown, Maryland18. Nov. 8, 1948 Blair Brown
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11.5.48 19. at 11: A. M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 11.1.48 19. to 11.5.48 19.and that I last saw her alive on 11.5.48 19.Immediate cause of death Agranulocystosis

DURATION

4 days

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accidental, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

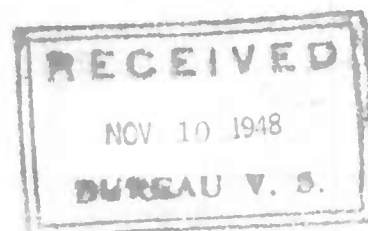
23. SIGNATURE Blair Brown M. D. or otherAddress 148 N. Potomac St. Date signed 11.6.48

MARGIN RESERVED FOR BINDING

VS A15

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11775

Reg. Dist. No. 302

1. PLACE OF DEATH:

County..... Washington
 City or town..... Hagerstown, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?..... Life
 Hospital, institution, or street address where death occurred:
316 Summit Avenue
 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County..... Washington
 City or town..... Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 316 Summit Avenue
 (if rural, give LOCATION)
 2.(a) If veteran, name war.....

3.(a) FULL NAME

Mary Louise Dillon

3.(b) Social Security Number

214-09-7084

4. Sex..... Female
 5. Color or race..... White
 6.(a) Single, married, widowed, or divorced..... Single

8.(b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.)..... September 28, 1901
 8.(c) If alive, give age..... years

8. AGE: Years..... 47 Months..... 1 Days..... 12
 If less than one day..... hrs. min.

9. Birthplace..... Hagerstown, Wash. Co. Md.
 (Town, county, and state)

10. Usual occupation..... Clerk11. Industry or business..... Fleisher's Dept. Store12. Name..... John Dillon13. Birthplace..... Hagerstown, Maryland14. Maiden name..... Mary A. Happel15. Birthplace..... Hagerstown, Maryland16. Informant..... Mrs. Clarence BergerAddress..... Washington, D. C.

17. Burial..... Date thereof..... 11-13-48
 (Burial, cremation, or removal. Which?)..... (month) (day) (year)

Cemetery or crematory..... Rose Hill CemeteryLocation..... Hagerstown, Maryland18. Funeral director..... C. M. Suter & SonsAddress..... Hagerstown, Maryland

19. Nov. 12, 48.....
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

2D. DATE OF DEATH..... Nov 10 19... 48 at 930 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
X 9-16-48 19... to Nov 10 1948
 and that I last saw him alive on Nov 10 19... 48

Immediate cause of death.....

DURATION

Concussion of Liver

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

.....Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

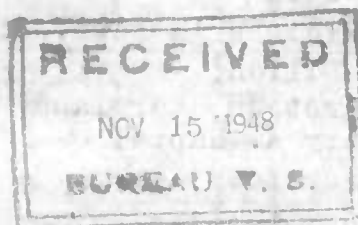
Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE..... H. Campbell M. D. or other

Address..... Hagerstown Md Date signed..... 11/10/48



Dr W.D. Campbell

M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 11776
830

1. PLACE OF DEATH:

County Washington
 City or town Rural--Sharpsburg
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 64 years
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Washington
 City or town Rural--Sharpsburg
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Sarah Jane Domer

3. (b) Social Security Number

None

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed
 B. (b) Name of husband or wife
 6. (c) It alive, give age years
 7. Birth date of deceased (mo., day, yr.) Sept. 1, 1864
 8. AGE: Years 64 Months 2 Days 15 If less than one day
 hrs. min.

9. Birthplace Sharpsburg--Wash.--Md
 (Town, county, and state)
 10. Usual occupation Home Duties

11. Industry or business

FATHER 12. Name Otho Domer
 13. Birthplace Sharpsburg, Md
 MOTHER 14. Maiden name Mary Crampton
 15. Birthplace Frederick County

16. Informant Mr. Otho T. Rohrer
 Address Rural--Sharpsburg, Md

17. Burial Date thereof Nov. 19, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Mt. View
 Location Sharpsburg, Md

18. Funeral director R. I. Earnshaw
 Address Keedysville, Md

19. Nov 18 19 48
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 16 19 48 at 11:20 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 16 19 48 to Nov 16 19 48 and that I last saw him alive on Nov 16 19 48.

Immediate cause of death

Cerebral hemorrhage
 Due to Cerebral arteriosclerosis
 Due to and hypertension
 Other conditions

DURATION

6 hours
1 yr. plus

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

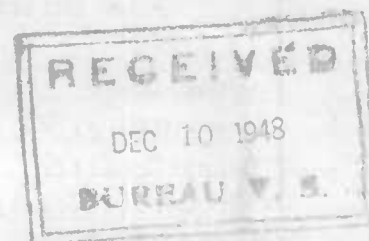
Accident, suicide, or homicide Date of
 Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. H. Shealy MD M. D. or other

Address Sharpsburg, Md Date signed 11/17/48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 305

1. PLACE OF DEATH:

County WashingtonCity or town Mt. Rainier Rural
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 4.5 years

Hospital, institution, or street address where death occurred:

Boonsboro Md. R. 2.How long in hospital or institution? at home

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County WashingtonCity or town Mt. Rainier Rural
(If outside city or town limits, write RURAL and give nearest town)Street No. Boonsboro Md. R. 2.
(If rural, give LOCATION)2.(a) If veteran, name war No.

3. (a) FULL NAME

Claude S. Eccard

3. (b) Social Security Number

- none -

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

married6. (b) Name of husband or wife Bernice S. Ridemus Eccard

7. Birth date of

deceased (mo., day, yr.)

December - 22 - 1883

6. (c) If alive, give age

years

8. AGE:

Years

Months

Days

If less than one day

641029

hrs.

min.

9. Birthplace Ellettsville Fred Co. Md.

(Town, county, and state)

10. Usual occupation Retired Fruit Grower

11. Industry or business

MOTHER FATHER

12. Name

Nathan Eccard

13. Birthplace

Fred. Co. Md.

14. Maiden name

Charlotte Saver

15. Birthplace

Fred. Co. Md.

16. Informant

Mrs. Bernice S. Eccard

Address

Boonsboro Md. R. 2.

17. Burial:

(Burial, cremation, or removal, Which?)

Date thereof November 24, 1948

(month) (day) (year)

Cemetery or crematory

Church of the Brethren Cemetery

Location

Beaver Creek Md.

18. Funeral director

Clara J. Bast & Sons

Address

Boonsboro Md.

19. Nov. 24, 1948

(Date rec'd by registrar)

1948

John W. Bast

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 21 - 1948 at 9:43 P. M.

21. I CERTIFY that death occurred on the date above elated; that I attended deceased from

Aug 15 1934 to Nov 21 1948and that I last saw him alive on Nov 21 1948

Immediate cause of death

Myelopathy Lateral Sclerosis 14 yrs

DURATION

Due to

Due to

Other condition

myocardial infarction

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Manner of injury

Injured at work?

23. SIGNATURE

J. G. K. Oakes

M. D. or other

Address

Smithsburg

Date signed

11/22/48

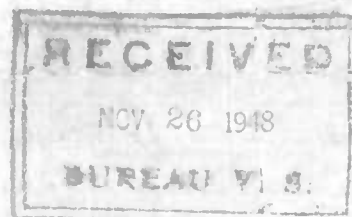
MARGIN RESERVED FOR BINDING

VS A15

9-45-15M

On - Value

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

11778

1318

1. PLACE OF DEATH:

County WashingtonCity or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 6 months

Hospital, institution, or street address where death occurred:

868 Mulberry Avenue

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County WashingtonCity or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)Street No. 868 Mulberry Avenue
(If rural, give LOCATION)2.(a) If veteran, name war no.

3. (a) FULL NAME

Harry Newton Emmert

3. (b) Social Security Number

None

4. Sex

Male

5. Color or race

White

6.(a) Single, married, widowed, or divorced

married6.(b) Name of husband or wife Margaret C. Huffer

6.(c) If alive, give age years

7. Birth date of

deceased (mo., day, yr.)

January - 26 - 1870

8. AGE:

Years

78

Months

9

Days

22

It less than one day

hrs.

min.

8. Birthplace

Fairplay Wash. Co. Md.
(Town, county, and state)

10. Usual occupation

Retired Farmer

11. Industry or business

12. Name

Eyra Emmert

13. Birthplace

Wash. Co. Md.

14. Maiden name

Eleanor C. Middlekauff

15. Birthplace

Wash. Co. Md.

16. Informant

Huffer H. Emmert

Address

868 Mulberry Ave. Hagerstown Md

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof Nov. 20, 1948
(month) (day) (year)

Cemetery or crematory

Boonsboro Cemetery

Location

Boonsboro Md

18. Funeral director

Wm J. Baet & Sons

Address

Boonsboro Md19. Nov. 18, 1948

Registral

MEDICAL CERTIFICATION

20. DATE OF DEATH

11/18 19 48 at 9 a. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan 1 19 48 to 11/18 19 48and that I last saw him alive on 11/14 19 48

Immediate cause of death

chronic Endocarditis" nephritis.

DURATION

?

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

Signature Victor D. Miller23. SIGNATURE VICTOR D. MILLERAddress 131 W. WASHINGTON. ST.Date signed 12/18/1948

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

VS A15 9-45-15M

VS A15 9-45-15M

VS A15 9-45-15M

VS A15 9-45-15M

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VS A15 9-45-15M

VS A15 9-45-15M

RECEIVED

NOV 20 1943

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 11779
301

1. PLACE OF DEATH:

County Washington

City or town Williamsport
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 8 years

Hospital, institution, or street address where death occurred:
15 South Conococheague St.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Williamsport
(If outside city or town limits, write RURAL and give nearest town)

Street No. 15 South Conococheague St.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Jonas Whisler Eshelman

3. (b) Social Security Number

None

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married

6.(b) Name of husband or wife Marion Eshelman

7. Birth date of deceased (mo., day, yr.) Sept. 6, 1871 6.(c) If alive, give age years

8. AGE: Years 77 Months 2 Days 4 hrs. min.

9. Birthplace Reid, Washington, Maryland
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business Farming

12. Name Jonas Eshelman

13. Birthplace Lancaster, County, Pennsylvania

14. Maiden name Mary Whisler

15. Birthplace Franklin County, Pennsylvania

16. Informant Marion Eshelman
Address Williamsport, Md.

17. Burial Date thereof Nov. 13, 1948
(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Reiff's Mennonite Cemetery

Location Near Bearfoss, Maryland

18. Funeral director Edith V. Leaf

Address Williamsport, Md.

19. Nov. 13 1948 E Lee McChoy
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 10, 1948, at 2 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 22 1947 to Nov. 10 1948 and that I last saw him alive on Nov. 10 1948

Immediate cause of death Chronic Glomerular Nephritis DURATION 2 yrs

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Lidley Hovesteen MD M. D. or other

Address Williamsport Md Date signed 11-12-48

MARGIN RESERVED FOR BINDING

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Dr. Novenstein
11780

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 9 Days
 Hospital, institution, or street address where death occurred:
Wash. Co. Hospital
 How long in hospital or institution? 9 Days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington
 City or town Hagerstown R # 5
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Leitersburg Pike
 (If rural, give LOCATION)
 2.(a) If veteran, name war None

3.(a) FULL NAME

HARVEY HESS FINFROCK

3.(b) Social Security Number

None

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married
 6.(b) Name of husband or wife Mary E. Hebb
 7. Birth date of deceased (mo., day, yr.) November 27 1869 6.(c) If alive, give age 79 years
 8. AGE: Years 78 Months 11 Days 18 If less than 100 day hrs. min.

9. Birthplace Sharpsburg Wash. Co. Md.
 (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business Retired

12. Name Daniel Finfrock

13. Birthplace Sharpsburg Md.

14. Maiden name Susan Buck

15. Birthplace Sharpsburg Md.

16. Informant Roger T. Finfrock

Address Hagerstown Md.

17. Burial Date thereof 11/17/48
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Rest Haven cemetery

Location Hagerstown Md.

18. Funeral director Andrew K. Coffman

Address Hagerstown Md.

19. Nov. 17 48 Shasth Bowers
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

A

20. DATE OF DEATH November 15 1948 at 1.30 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
November 5 1948 to Nov. 14 1948
 and that I last saw him alive on Nov. 14 1948

Immediate cause of death Broncho-Pneumonia DURATION 20 days
1948

Due to Arterio-Sclerotic
Heart Disease

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Sidney Novenstein MD M. D. or other

Address Furkotown Md Date signed 11-16-48

RECEIVED
NOV 16 1943
BUREAU Y. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11781

Reg. Distr. No. 306

1. PLACE OF DEATH:

County Washington
 City or town Highfield Md.
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 60 years
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Washington
 City or town Highfield
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Bertha V. Fitz

3. (b) Social Security Number

4. Sex F. 5. Color or race W. 6. (a) Single, married, widowed, or divorced M.
 6. (b) Name of husband or wife John H. Fitz Sr.
 6. (c) If alive, give age 75 years
 7. Birth date of deceased (mo., day, yr.) May 21, 1876
 8. AGE: Years 72 Months 5 Days 15 If less than one day _____ hrs. _____ min.

9. Birthplace Sabillasville Md.

(Town, county, and state)

10. Usual occupation House Duties

11. Industry or business

12. Name H. H. Miller
 13. Birthplace Ford Co. Md.
 14. Maiden name Georgia A. Harbaugh
 15. Birthplace Ford Co. Md.

16. Informant Mrs. John H. Fitz Sr.Address Highfield Md.17. Burial Date thereof 11/9/48

(Burial, cremation, or removal. Which?)

Cemetery or crematory Bethel C.

Location

18. Funeral director Walter Y. GroveAddress 271 Church St., Warrenton Pa.

19. Nov-8 1948 Set. W. Dawson
 (Date rec'd by registrar) Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-6-48 at 8 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

10-10-40 to 11-6-48and that I last saw him alive on 11-6-48Immediate cause of death Cerebral hemorrhage DURATIONleft frontal lobe& spineDue to Chronic degenerativechangesDue to Chronic degenerativechangesOther conditions Chronic degenerativechanges

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

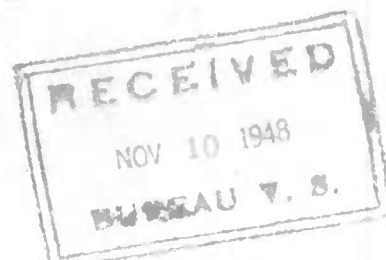
Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

Address Blue Ridge Summit Date signed 11/8/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Dr. Wells

11782

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Wash.City or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Marshall St. Extd.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Wash.City or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)Street No. Marshall St. Extd.
(If rural, give LOCATION)2.(a) If veteran, name war none

3. (a) FULL NAME

Ewd Mathias Fogle

3. (b) Social Security Number

None

4. Sex

male

5. Color or race

white

6. (a) Single, married, widowed, or divorced

Single6. (b) Name of husband or wife none6. (c) If alive, give age — years

7. Birth date of

deceased (mo., day, yr.) May 6 1877

8. AGE:

Years

Months

Days

If less than one day

7167

.....hrs.

.....min.

9. Birthplace

Frederick Fred. Co. Md.

(Town, county, and state)

10. Usual occupation

Invalid

11. Industry or business

FATHER

12. Name John Fogle13. Birthplace Frederick - Frederick Co., Md.

MOTHER

14. Maiden name No Record15. Birthplace No Record

16. Informant

Lloyd Boward

Address

Hagerstown, Md.

17.

BurialDate thereof 11, 15, 48

(Burial, cremation, or removal, Which?)

(month) (day) (year)

Cemetery or crematory

Rose Hill

Location

Hagerstown, Md.

18. Funeral director

Andrew K. Coffman

Address

40 East Antietam St.Hagerstown, Md.

19.

(Date rec'd by registrar)

Nov. 15, 1948

Registrar

MEDICAL CERTIFICATION

Nov. 13 1948 about 3 P20. DATE OF DEATH Nov. 13 1948 19..... at..... M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19....., to..... 19.....

and that I last saw him..... alive on..... 19.....

Immediate cause of death

Vascular hypertension
acute cerebral hemorrhage

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

no

Date of op.

Autopsy results

no

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide no Date of

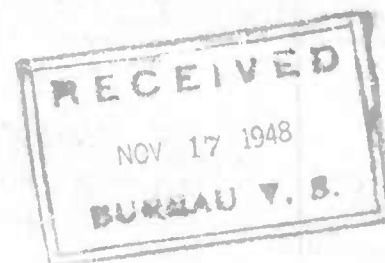
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE S. Wells DEPUTY MEDICAL EXAM.WASH. CO., MD.M. D. WellsAddress Hagerstown, Md. Date signed Nov. 14, 48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11783

Reg. Dist. No. 306

1. PLACE OF DEATH:

County Washington
City or town Cascade
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 4 months
Hospital, institution, or street address where death occurred Pitcher Hospital
How long in hospital or institution? same

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State MD County Ann Arundel
City or town Severna Park
(If outside city or town limits, write RURAL and give nearest town)
Street No. Severna School
(If rural, give LOCATION)
2.(a) If veteran, name war ☒

3. (a) FULL NAME

James Lawrence Foster

3. (b) Social Security Number

4. Sex M 5. Color or race C 6.(a) Single, married, widowed, or divorced Divorced

6.(b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) Feb 11, 1886 6.(c) If alive, give age _____ years

8. AGE: Years 62 Months 8 Days 23 If less than one day _____ hrs. _____ min.

9. Birthplace Jefferson City, Missouri
(Town, county, and state)

10. Usual occupation Chf

11. Industry or business Severna School

12. Name Andrew Jackson Foster

13. Birthplace Alabama

14. Maiden name Suzanna Crawford

15. Birthplace British West Indies

16. Informant Hosp Records

Address

17. Burial Date thereof MAR 6 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Green Hill

Location Severna Park, Md

18. Funeral director W. J. Harrison

Address Cynabolds

19. 11/13/48 19. John P. Fisher
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 3 19 48 at 5:20 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 15 19 48 to Nov 3 19 48
and that I last saw him alive on Nov 2 19 48

Immediate cause of death Adenocarcinoma of the Stomach DURATION 3

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)
Major findings of operations Reoperable Carcinoma of stomach Date of op.

Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, pub'c place (where?)

Means of injury Injured at work?

23. SIGNATURE J.M. Arington, M.D. M. D. or other
Pitcher Hospital Address Cascade, Md. Date signed 11/13/48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

NOV 10 1948

BUREAU V. C.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11784

Reg. Diat. No. 302

1. PLACE OF DEATH:

County WASHINGTONCity or town HAGERSTOWN, MD.
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 60 yearHospital, institution, or street address where death occurred:
116 W. Bethel St.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MARYLAND County WASHINGTONCity or town HAGERSTOWN
(If outside city or town limits, write RURAL and give nearest town)Street No. 116 W. Bethel
(If rural, give LOCATION)

2. (a) If veteran, name war.

3. (a) FULL NAME

FRANKLIN, MARTHA F.

3. (b) Social Security Number

none

4. Sex

F

5. Color or race

C

6. (a) Single, married, widowed, or divorced

WIDOWED6. (b) Name of husband or wife BENJAMIN FRANKLIN7. Birth date of deceased (mo., day, yr.) December 25 1869

8. AGE:

Years

Months

Days

If less than one day

781019

hrs.

min.

9. Birthplace CRYSTAL FALLS, MARYLAND
(Town, county, and state)10. Usual occupation HSEK.

11. Industry or business

FATHER
MOTHER12. Name CHARLES D. FOWLER13. Birthplace CRYSTAL FALLS, MD.14. Maiden name ANNIE JAMES15. Birthplace CRYSTAL FALLS, MD.16. Informant JAMES THOMPSONAddress 116 W. Bethel St.17. Burial Date thereof 11/17/48
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Rose HillLocation Hagerstown18. Funeral director William L. BrownAddress 2914 Frederick St. Hagerstown19. Nov. 17, 1948 Registrar Chas. Bowers

(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH NOVEMBER 14, 1948 at 3:00 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from NOVEMBER 14, 1948 to NOVEMBER 14, 1948 and that I last saw him alive on NOVEMBER 14, 1948Immediate cause of death PARTIAL INTESTINAL OBSTRUCTION

DURATION

Due to Undetermined

Due to

Other conditions Aspiration Pneumonia
Septic
(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE N. Alan Harris MD.

M. D. or other

Address 651 Pennsylvania Date signed 11/17/48

RECEIVED

NOV 19 1948

BUREAU V. A.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 306

1. PLACE OF DEATH:

County Washington
City or town Rural Smithsburg
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 9 years
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State MD. County Washington
City or town Rural Smithsburg
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war no

3. (a) FULL NAME

Carol Paul Hayes

3. (b) Social Security Number

none

4. Sex male 5. Color or race white 6.(a) Single, married, widowed, or divorced single

6.(b) Name of husband or wife
6.(c) If alive, give age - years

7. Birth date of deceased (mo., day, yr.) June 18, 1939

8. AGE: Years 9 Months 5 Days 2 If less than one day
hrs. min.

9. Birthplace Smithsburg Wash. Co., Md.
(Town, county, and state)

10. Usual occupation none

11. Industry or business

12. Name Lloyd Hayes

13. Birthplace Smithsburg, Md.

14. Maiden name Cora Lewis

15. Birthplace Staffordville, Md.

16. Informant Lloyd Hayes

Address Smithsburg, Md.

17. Burial Date thereof Nov 23, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Smithsburg Cemetery

Location Smithsburg, Md.

18. Funeral director Bladhill's Co.

Address Middletown, Md.

19. Nov 23 19 48 W. Ferguson
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 20 - 1948 at 4:50 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 20 19 48 to Nov 20 19 48
and that I last saw him alive Nov 20 - 48 19 48

Immediate cause of death

Gunshot wound of head
Due to Head

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of Nov 20 - 48

Where did injury occur? Smithsburg Washington Md
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Farm

Means of injury Rifle wound Injured at work? no

23. SIGNATURE J. E. Little

Address Shoperstown Md Date signed 11-20-48

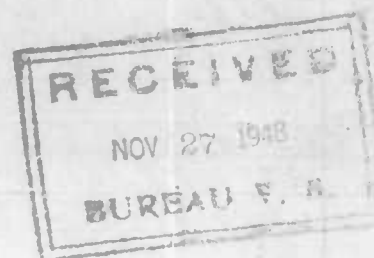
MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

11785

184



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11786

Reg. Dist. No. 300

1. PLACE OF DEATH:

County WashingtonCity or town Sharpsburg
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Lifetime

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County WashingtonCity or town Sharpsburg
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Nannie McComas Hull

3. (b) Social Security Number

None

4. Sex <u>Female</u>	5. Color or race <u>White</u>	6.(a) Single, married, widowed, or divorced <u>Widowed</u>
-------------------------	----------------------------------	---

6.(b) Name of husband or wife <u>Frank Hull</u>	6.(c) If alive, give age _____ years
--	--------------------------------------

7. Birth date of deceased (mo., day, yr.) Oct. 20, 1886

8. AGE: Years <u>62</u>	Months <u>1</u>	Days <u>6</u>	if less than one day _____.hrs. _____.min.
----------------------------	--------------------	------------------	---

9. Birthplace Sharpsburg, Wash., Maryland
(Town, county, and state)10. Usual occupation Housewife
At home

11. Industry or business

MOTHER FATHER	12. Name <u>William Stall</u>
	13. Birthplace <u>Sharpsburg, Md.</u>
	14. Maiden name <u>Emma Kidwell</u>
	15. Birthplace <u>Shepherdstown, W. Va.</u>

16. Informant Mrs. Helen Nalley
Address Sharpsburg, Md.17. Burial Date thereof Nov. 29, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Mt. View Cemetery
Location Sharpsburg, Md.
Edith V. Leaf18. Funeral director _____
Address Williamsport, Md.19. Nov. 29 19 48 Edith V. Leaf
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 26 19 48, at 4 P. M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
Jan. 1, 1948 19 48 to 11/26/48 19 48
and that I last saw him/her alive on Nov. 20, 1948 19 48Immediate cause of death Chronic valvular heart disease
DURATION 1 Yr.

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE W. A. Stanley M. D. or otherSharpsburg, Md. Date signed 11/29/48

RECEIVED

DEC 10 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington
City or town Hagerstown Route No. 4
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 42 years
Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington
City or town Hagerstown, R.D. # 4
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME

Mack Ingram

3. (b) Social Security Number

None

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married
6.(b) Name of husband or wife Minnie Ingram
8. AGE: Years 73 Months 9 Days 23 If less than one day
7. Birth date of deceased (mo., day, yr.) February 2, 1875 8.(c) If alive, give age years

9. Birthplace Washington County, Maryland
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

12. Name UNKNOWN
13. Birthplace UNKNOWN
14. Maiden name UNKNOWN
15. Birthplace UNKNOWN

16. Informant Mrs. Minnie Ingram
Address Hagerstown, Md. R.D. # 4

17. Burial Burial Date thereof Nov. 28, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Rose Hill Cemetery
Location Hagerstown, Maryland

18. Funeral director Fred W. Kraiss
Address Hagerstown, Maryland

19. Nov. 27, 1948 Registrar Chas. H. Bowers
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-25-48 at 7:30 A.M.
21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 11-1-48 to 11-25-48
and that I last saw him alive on 11-20-48
Immediate cause of death

DURATION
Cardiac Muscular Lesion
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.

Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide. Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE [Signature] M. D. or other
Address Hagerstown, Md. Date signed 11/26/48

MARGIN RESERVED FOR BINDING

I

VS A15 9.45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

11787

93d

RECEIVED
NOV 30 1948
BUREAU V. S.

RECEIVED
NOV 30 1948
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. In correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore
CERTIFICATE OF DEATH

Dr Beachley

11788

Reg. Dist. No. 302

1. PLACE OF DEATH:
County Washington
City or town Near New Salem
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 8 Years
Hospital, institution, or street address where death occurred:
8 Years
How long in hospital or institution? None

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington
City or town Near New Salem
(If outside city or town limits, write RURAL and give nearest town)
Street No. Rural
(If rural, give LOCATION)
2.(a) If veteran, name war No

3. (a) FULL NAME
Mrs. Sadie J. Keyser

3. (b) Social Security Number
None

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife Albert Sr.

7. Birth date of deceased (mo., day, yr.) October 3, 1884 6. (c) If alive, give age 64 years

8. AGE: Years 64 Months 1 Days 23 If less than one day
hrs. min.

9. Birthplace Claylick, Penna.
(Town, county, and state)

10. Usual occupation House Wife

11. Industry or business Own Home

12. Name Granville Lefever

13. Birthplace Claylick, Penna.

14. Maiden name Rebekah Hoge

15. Birthplace Blaylick, Penna.

19. Informant Mr Albert Keyser Sr.

Address New Salem Maryland

17. Burial Date thereof Nov. 29/1948
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Broadfording Cemetery

Location Broadfording, Md

18. Funeral director Andrew K. Coffman

Address Hagerstown, Md.

19. Nov. 29, 1948
(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 26, 1948, 12:30 A.M.

21. I CERTIFY that death occurred on the date above stated, that I attended deceased from Nov 26 48 to Nov 26 48

and that I last saw him et alive on Nov 26 1948

Immediate cause of death Stroke

DURATION 1 1/2 h.

Due to

Due to

Other conditions arterio sclerosis

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Dr. Beachley

Address Hagerstown, Md

Date signed Nov 26/48

RECEIVED

DEC 1 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 303

1. PLACE OF DEATH:

County Washington
 City or town Rural Clearspring R. F.d.2.
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 73 Years.
 Hospital, institution, or street address where death occurred:
Clearspring R. F.D. 2.
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland. County Washington.
 City or town Clearspring R.F.D.2.
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

William C Kisner.

3. (b) Social Security Number

None.

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Single.
 6.(b) Name of husband or wife _____
 6.(c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) Aug.28.1875.
 8. AGE: Years 73 Months 3 Days 2 If less than one day _____ hrs. _____ min.

9. Birthplace Clearspring. Washington.Md.
 (Town, county, and state)
 10. Usual occupation Lumber Worker.
 11. Industry or business Self.
 12. Name William Kisner.
 13. Birthplace Germany.
 14. Maiden name Annie May Forsythe.
 15. Birthplace Clearspring Md.

16. Informant Mr. Charles B Kinser.
 Address Clearspring R. F.D.2.
 17. Burial Burial Date thereat Nov 15. 1948
 (Burial, cremation, or removal, Which?) (month) (day) (year)
 Cemetery or crematory Blairs Valley.
 Location Near Clearspring.
 18. Funeral director Edith V Leaf.
 Address Williamsport Md.

19. Nov 18 19 48 Joseph M. Murray
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 12. 19 48 at 11 A M
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from _____ 19 _____ to _____ 19 _____
 and that I last saw him _____ alive on _____ 19 _____
 Immediate cause of death Gun shot thorough mouth and skull
 Due to _____
 Due to _____
 Other conditions _____
 (Include pregnancy within 3 months of death)
 Major findings of operations No Date of op. _____
 Autopsy results No
 PHYSICIAN: Please underline the cause in which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide suicide Date of 11/12/48
 Where did injury occur Clearspring Wash Md
 (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?) Home
 Means of injury gunshot 12 gauge Injured at work? No
 S. Robert Wells, M.D. DEPUTY MEDICAL EXAMINER
 WASH. CO., MD.
 23. SIGNATURE S. Robert Wells M.D. Date signed 11/15/48
 Address Hagerstown, Md.

RECEIVED

NOV 22 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11790

Reg. Dist. No.

1. PLACE OF DEATH:

County Washington
City or town Cascade
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 3 mo

Hospital, institution, or street address where death occurred:

Ritchie Hospital
How long in hospital or institution? 3 mo 11 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Baltimore
City or town Baltimore
(If outside city or town limits, write RURAL and give nearest town)
Street No. 8362 Oakleigh Rd (Bltto 14)
(If rural, give LOCATION)

2. (a) If veteran, name war

3. (a) FULL NAME

Viola Virginia Kochel

3. (b) Social Security Number

4. Sex F 5. Color or race W 6. (a) Single, married, widowed, or divorced Widowed

6. (b) Name of husband or wife Joseph Kochel

7. Birth date of deceased (mo., day, yr.) July 16, 1899

8. AGE: Years 49 Months 4 Days 14 If less than one day hrs. min.

9. Birthplace Balto. Co. Maryland
(Town, county, and state)

10. Usual occupation HOUSEWIFE

11. Industry or business

12. Name James Porter

13. Birthplace Baltimore, Md

14. Maiden name Rose Bollinger

15. Birthplace Balto. Co. Maryland

16. Informant Walter Christian Head

Address

17. Burial Date thereof 12-3-48
(Burial, cremation, or removal (Which?)) (month) (day) (year)

Cemetery or crematory Wynant Memorial Park

Location 24th Ave

18. Funeral director Paul E. Chumick, Jr.

Address 3615-17 Chestnut Ave

19. Dec 1 19 48 A. W. Hedrick
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 30, 1948 at 11:25 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 19, 1948 to Nov 30, 1948 and that I last saw him alive on Nov 30, 1948

Immediate cause of death Epidermoid Carcinoma of Cervix

Due to

Due to

Other conditions Parkinsonism

Diabetes Mellitus

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. M. Callahan M.D.

Address Ritchie Wash

Date signed 11/30/48

MARGIN RESERVED FOR BINDING

I

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11791

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington
City or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 8 hrs.
Hospital, institution, or street address where death occurred:
Washington Co. Hospital
How long in hospital or institution? 18 hrs. 3 hrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Washington
City or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)
Street No. 125 Langford ave.
(If rural, give LOCATION)
2. (a) If veteran, name war

3. (a) FULL NAME

Bessie W. Long

3. (b) Social Security Number

None

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed

6. (b) Name of husband or wife Ray S. Long

7. Birth date of deceased (mo., day, yr.) Sept. 7th 1882 B. (c) If alive, give age _____ years

8. AGE: Years 66 Months 2 Days 5 If less than one day _____ hrs. _____ min.

9. Birthplace Washington Co. Md.
(Town, county, and state)

10. Usual occupation Housekeeper

11. Industry or business

12. Name John W. Petrie

13. Birthplace Washington Co. Md.

14. Maiden name Margaret L. Cross

15. Birthplace Washington Co. Md.

16. Informant Carl C. Long

Address 739 Va. Ave.

17. Burial Date thereof 11/15/48
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Rest Haven Cemetery

Location Hagerstown Md.

18. Funeral director Rest Haven Funeral Chapel

Address Hagerstown Md.

19. Nov. 15. 19 48 Chas. H. Bowers
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 12 19 48 at 8:30 p. M.

21. I certify that death occurred on the date above stated; that I attended deceased from November 11 19 48 to November 12 19 48

and that I last saw him/her alive on November 12 19 48

Immediate cause of death _____ DURATION _____

Cancer of transverse colon and know

Due to _____

Due to _____

Other conditions Perforation with secondary peritonitis 12 hours
(Include pregnancy within 3 months of death)

Major findings of operations None Date of op. _____

Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) Home

Means of injury _____ Injured at work? _____

23. SIGNATURE RB Jowett MD M. D. or other _____

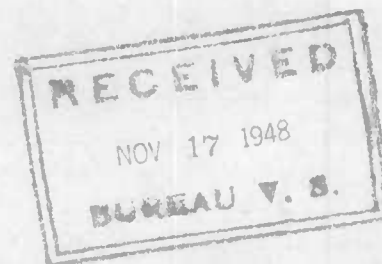
Address Hagerstown, Md. Date signed 11/15/48

MARGIN RESERVED FOR BINDING

VS A15

9-45-13

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11792

Reg. Dist. No. 302

1. PLACE OF DEATH:
 County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 8 days
 Hospital, institution, or street address where death occurred:
Washington County Hospital
 How long in hospital or institution? 13 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State MD County Washington Co
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 41 1/2 S. Potomac
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME

Jasper Himes Main

3. (b) Social Security Number

720

4. Sex M 5. Color or race White 6.(a) Single, married, widowed, or divorced Widowed
 6.(b) Name of husband or wife Emma L. Main
 7. Birth date of deceased (mo., day, yr.) July 31 - 1867 6.(c) If alive, give age..... years
 8. AGE: Years 81 Months 3 Days 26 If less than one day
1867 hrs. min.

9. Birthplace Washington Co
 (Town, county, and state)

10. Usual occupation Carpenter

11. Industry or business.....

MOTHER FATHER
 12. Name Edward J. Main
 13. Birthplace Washington Co
 14. Maiden name Emma L. Brown
 15. Birthplace Undenaples Ind

16. Informant Mrs. Martha M. Edwards

Address Hagerstown MD

17. Burial Date thereof Nov 29 - 1948
 (Burial, cremation, or removal? Which?) (month) (day) (year)

Cemetery or crematory Church of the Backen

Location Brownsville MD

18. Funeral director Jesse S. Bailey

Address Hagerstown MD

19. Nov. 26 19 48 Chas. H. Flowers
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

2D. DATE OF DEATH 26 Nov 48 19..... at 125P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
14 Nov 19 48, to 26 Nov 48 19.....

and that I last saw him alive on 26 Nov 19 48

Immediate cause of death
arterio sclerosis, cerebral vascular disease
with myocardial failure

DURATION

10 yrs +

Due to.....

Due to.....

Other conditions Diabetes Mellitus

chronic

(Include pregnancy within 3 months of death)

Major findings of operations None

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE J. J. Luby

Address 238 N. Main M. D. or other 26 Nov 48

Date signed.....

RECEIVED

NOV 29 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The contact page is especially important. Physicians: please write the causes of death clearly and legibly

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 27 years
 Hospital, institution, or street address where death occurred:
Washington County Hospital
 How long in hospital or institution? 8 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 403 Brown Ave. Terrace
 (If rural, give LOCATION)
 2. (a) If veteran, name war

3. (a) FULL NAME

Howard M. Marriotte

3. (b) Social Security Number

705-10-4719

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married
 6. (b) Name of husband or wife Grace E. Marriotte
 6. (c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) April 22, 1885
 8. AGE: Years 63 Months 6 Days 19 If less than one day _____ hrs. _____ min.

9. Birthplace Jefferson-Fredk. Co., Md.
 (Town, county, and state)
 10. Usual occupation Electrician
 11. Industry or business W. M. R. R.
 12. Name Charles W. Marriotte
 13. Birthplace Frederick Co., Md.
 14. Maiden name Susan Friday
 15. Birthplace Frederick Co., Md.

16. Informant Mrs. Grace E. Marriotte
 Address 403 Brown Ave. Ter. Hagerstown
 17. Burial Date thereof Nov. 13, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Rest Haven Cemetery
 Location Hagerstown, Md.
 18. Funeral director Fred W. Kraiss
 Address Hagerstown, Md.

19. Nov. 12, 1948 Charles Bowers
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 10, 1948 9:20 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 5 PM 1948 to 10 PM 1948
 and that I last saw him alive on 10 PM 1948

Immediate cause of death Hypertrophic Prostate
Acute Retention - hemorrhage into bladder
 DURATION 7 yrs
5 days

Due to _____
 Due to _____
 Other conditions arterio-sclerosis C-V
diabetes 10 yrs +

(Include pregnancy within 8 months of death)
 Major findings of operations Hypertrophic prostate - extensive
hemorrhage into bladder Date of op. 8 PM 48

Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.
MD

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____
 Where did injury occur? _____ (City or town) _____ (County) _____ (State)
 Injured at home, farm, industry, public place (where?) _____
 Means of injury _____ Injured at work? _____

23. SIGNATURE J. J. Lusby M. D. or other _____
230 N Potomac Address _____ Date signed 12 Nov 48

RECEIVED

NOV 15 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

11794

1. PLACE OF DEATH:

County Washington
 City or town Hagerstown, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life
 Hospital, institution, or street address where death occurred:
Washington County Hospital
 How long in hospital or institution? 16 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 519 North Locust Street
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Mary Louise Martin

3. (b) Social Security Number

219-20-0752

4. Sex <u>Female</u>	5. Color or race <u>White</u>	6. (a) Single, married, widowed, or divorced <u>Married</u>	
6. (b) Name of husband or wife <u>Robert Leroy Martin</u>			
6. (c) If alive, give age <u>37</u> years			
7. Birth date of deceased (mo., day, yr.) <u>May 24, 1927</u>			
8. AGE: Years <u>21</u>	Months <u>5</u>	Days <u>16</u>	If less than one day hrs. min.

9. Birthplace Hagerstown, Wash. Co. Md.
 (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER
 12. Name Charles E. Hoover
 13. Birthplace Hagerstown, Maryland
 MOTHER
 14. Maiden name Nellie D. Marshall
 15. Birthplace Shepherdstown, W. Va.

16. Informant Charles E. Hoover
 Address Hagerstown, Maryland

17. Burial Date thereof 11/12/48
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Rose Hill Cemetery
 Location Hagerstown, Maryland

18. Funeral director C. M. Suter & Sons
 Address Hagerstown, Maryland

19. Nov 12, 1948 Charles Hoover
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 10, 1948 at 8²⁰ A. M.

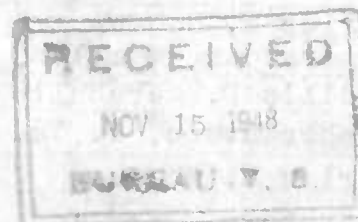
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 25, 1948 to November 10, 1948
 and that I last saw her alive on November 10, 1948

Immediate cause of death	DURATION
<u>Epidemic cerebro-spinal meningitis (meningococcus)</u>	<u>16 days</u>
Due to	
Due to	
Other conditions <u>Pregnancy (1 mos gestation)</u>	
(Include pregnancy within 8 months of death)	
Major findings of operations <u>none</u>	
Date of op.	
Autopsy results <u>none</u>	
PHYSICIAN: Please underline the cause to which death should be charged statistically.	

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide none Date of
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE RB Nowent M.D.
 Address Hagerstown Md Date signed 11/11/48
 M. D. or other



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11795

Reg. Dist. No. 312

1. PLACE OF DEATH:

County Washington
 City or town Hagerstown, Md.
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life
 Hospital, institution, or street address where death occurred:
500 Guilford Ave., Hagerstown, Md.
 How long in hospital or institution? -

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 500 Guilford Avenue
 (If rural, give LOCATION)
 2.(a) If veteran, name war non-vet.

3. (a) FULL NAME

KITTIE IRENE Mc ELWEE

3. (b) Social Security Number

none

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced married
 6.(b) Name of husband or wife Herbert W. Mc Elwee
 6.(c) If alive, give age 61 years
 7. Birth date of deceased (mo., day, yr.) November 15, 1887
 8. AGE: Years 60 Months 11 Days 16 If less than one day hrs. min.
 9. Birthplace Washington County
 (Town, county, and state)
 10. Usual occupation Housewife
 11. Industry or business -

FATHER 12. Name Daniel Startzman
 13. Birthplace Washington Co., Md.
 MOTHER 14. Maiden name Elizabeth A. Ream
 15. Birthplace Pennsylvania
 16. Informant H. W. Mc Elwee
 Address 500 Guilford Ave. Hagerstown, Md.
 17. Burial, cremation, or removal, Which? Burial Date thereof 11/4/48
 (month) (day) (year)
 Cemetery or crematory Rose Hill Cemetery
 Location Hagerstown, Md.
 18. Funeral director A. T. Torment
 Address 308 S. Potomac St. Hagerstown, Md.
 19. Nov 5, 48 Registrar Frank H. Bowers
 (Date rec'd by registrar)

MEDICAL CERTIFICATION

2D. DATE OF DEATH November 1 19 48 at 5³⁰ P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 19 44 to Nov 1 19 48
 and that I last saw h. alive on Oct. 23 19 48

Immediate cause of death Chronic Arterio-sclerotic heart disease with congestive failure
 Due to hypertension

Due to -
 Other conditions -

(Include pregnancy within 3 months of death)

Major findings of operations -
 Date of op. -

Autopsy results -
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide - Date of -
 Where did injury occur? - (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) -
 Means of injury - Injured at work? -

23. SIGNATURE Dr. H. W. Mc Elwee M. D. or other -
 Address - Date signed -



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 305

1. PLACE OF DEATH:

County WashingtonCity or town Bonsboro
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Life

Hospital, institution, or street address where death occurred:

S. Main st.
How long in hospital or institution? at home

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County WashingtonCity or town Bonsboro
(If outside city or town limits, write RURAL and give nearest town)Street No. S. Main st.
(If rural, give LOCATION)2.(a) If veteran, name war no.

3. (a) FULL NAME

Hermia Estella McKnight

3. (b) Social Security Number

212-14-6899

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married6. (b) Name of husband or wife Charles McKnight6. (c) If alive, give age 34 years

7. Birth date of

deceased (mo., day, yr.)

April - 29 - 1907

8. AGE:

Years

Months

Days

If less than one day

4163hrs.min.

9. Birthplace

Zittletown Wash. Co. Md.
(Town, county, and state)

10. Usual occupation

House wife

11. Industry or business

Own houseFATHER
MOTHER

12. Name

Alvey Zittle

13. Birthplace

Zittletown Wash. Co. Md.

14. Maiden name

Orpha E. Kline

15. Birthplace

Fred. Co. Md.

16. Informant

Charles McKnight

Address

Bonsboro Md.

17.

(Burial, cremation, or removal. Which?)

Date thereof

Nov. 4, 1948
(month) (day) (year)

Cemetery or crematory

Bonsboro Cemetery

Location

Bonsboro Md.

18. Funeral director

Wm. J. Bast & Sons

Address

Bonsboro Md.

19.

Nov. 4, 1948
(Date rec'd by registrar)

19

John H. Bast

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November - 2 - 1948 at 4:45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Sept. 28 - 1948 to Nov. 2 - 1948
and that I last saw him alive on Nov. 1 - 1948

Immediate cause of death

Carcinoma of stomach

DURATION

35 days

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

John H. BastM. D.

M. D. or other

Address

Bonsboro Md.Date signed 11/5/48

11796

466

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Dr. Wade

RECEIVED

NOV 8 1948

BUREAU OF

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Dr. Norment

11797

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 12 yrs.
 Hospital, institution, or street address where death occurred:
105 E. Washington St.
 How long in hospital or institution? 12 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 105 E. Washington St.
 (If rural, give LOCATION)
 2. (a) If veteran, name war none

3. (a) FULL NAME

Sarah Elizabeth Moore

3. (b) Social Security Number

none

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Female White Widow8. (b) Name of husband or wife William9. (c) If alive, give age -- years7. Birth date of deceased (mo., day, yr.) April 6, 18598. AGE: Year Months Days If less than one day
89 7 24 hrs. min.9. Birthplace Mt. Holly Spgs. Cumberland Cty.,
(Town, county, and state)10. Usual occupation Housewife11. Industry or business Own home12. Name no record

13. Birthplace

14. Maiden name no record

15. Birthplace

16. Informant Mrs. Charles R. WileyAddress Hagerstown, Md.17. Burial Date thereof Dec. 3, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Rest Haven CemeteryLocation Hagerstown, Md.19. Funeral director Andrew K. CoffmanAddress Hagerstown, Md.19. Dec. 2, 1948 Health Officer
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 30, 1948 12:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

November 26, 1948 to November 30, 1948
and that I last saw him alive on November 30, 1948

Immediate cause of death

DURATION

Influenza6 days

Due to

Broncho pneumonia2 days

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

None

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide None Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Dr. Norment M.D. or other 12/1/48
Address Hagerstown, Md. Date signed

RECEIVED

DEC 4 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Dr. Ditto

11798

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington
 City or town Maugansville
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 10 Years
 Hospital, institution, or street address where death occurred:
Main St
 How long in hospital or institution? --

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington
 City or town Maugansville
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Main St
 (If rural, give LOCATION)
 2. (a) If veteran, name war None

3. (a) FULL NAME

MRS TENY MORGENSTERN

3. (b) Social Security Number

None

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Widow
 6. (b) Name of husband or wife Ernest
 7. Birth date of deceased (mo., day, yr.) May 8 1874
 8. AGE: Years 74 Months 6 Days 1 If less than one day
hrs. min.

9. Birthplace Maugansville Wash. Co. Md.
 (Town, county, and state)
 10. Usual occupation Housewife
 11. Industry or business Own Home
 12. Name Joseph Horst
 13. Birthplace Lancaster Pa.
 14. Maiden name Fannie Leshner
 15. Birthplace Lancaster Pa.

16. Informant Mr. Russell Horst
 Address Hagerstown Md.
 17. Burial Date thereof 11/11/48
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Dunkard Cemetery
 Location Broadfording Md.
 18. Funeral director Andrew K. Coffman
 Address Hagerstown Md.
 19. Nov. 11. 19 48 Dr. H. B. Boward
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 9 1948 at 5 P

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 20 - 48 to Nov 9 - 48
 and that I last saw him alive on Nov 9 - 48

Immediate cause of death

DURATION

Cerebro-vascular lesion 2 yrs
 Due to arteriosclerosis
 Due to
 Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Dr. H. B. Boward M. D. or otherAddress Hagerstown Md. Date signed 11/11/48

RECEIVED

NOV 15 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Dr. Porterfield

11799

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 3 Yrs.
 Hospital, institution, or street address where death occurred:
Washington Co. Hospital
 How long in hospital or institution? 3 Yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 50 Broadway
 (If rural, give LOCATION)
None
 2.(a) If veteran, name war None

3. (a) FULL NAME

Miss Bertha Virginia Myers

3. (b) Social Security Number

None

4. Sex F 5. Color or race W 6. (a) Single, married, widowed, or divorced Single

6. (b) Name of husband or wife ---

7. Birth date of deceased (mo., day, yr.) March 16- 1874 8. (c) If alive, give age --- years

8. AGE: Years 74 Months 8 Days 1 If less than one day --- hrs. --- min.

9. Birthplace Sharpsburg Wash. Co. Md.
 (Town, county, and state)

10. Usual occupation House work11. Industry or business Own home12. Name Jacob Myers13. Birthplace Myersville Md.14. Maiden name Ann Cookerly15. Birthplace Sharpsburg Md.16. Informant Mrs. Otho GlossAddress Hagerstown Md.

17. Burial Date thereof 11/19/48
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Mountain View CemeteryLocation Sharpsburg Md.18. Funeral director A. K. CoffmanAddress Hagerstown, Md.

19. Nov 19 48 Chas H Bowers
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 17 1948 at 7 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 9 1945, to Nov 17 1948
 and that I last saw her alive on Nov 17 1948

Immediate cause of death Hypostatic Pneumonia

DURATION

Due to Traumatic Brain Injury 11/1/48

Due to Traumatic Brain Injury 8/9/45

Due to ---Other conditions ---

(Include pregnancy within 3 months of death)

Major findings of operations ---Date of op. ---Autopsy results ---

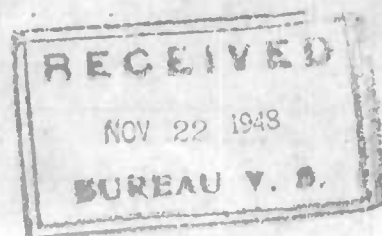
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide --- Date of ---Where did injury occur? --- (City or town) (County) (State)Injured at home, farm, industry, public place (where?) ---Means of injury --- Injured at work? ---

23. SIGNATURE H. L. Porterfield M.D.
 M. D. or other ---

Address 136 W Washington Date signed 11/19/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No. 302

1. PLACE OF DEATH:

County WashingtonCity or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 9 yearsHospital, institution, or street address where death occurred:
160 South Potomac StreetHow long in hospital or institution? -

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County WashingtonCity or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)Street No. 160 South Potomac Street
(If rural, give LOCATION)2.(c) If veteran, name war -

3. (a) FULL NAME

Trances E. Myers

3. (b) Social Security Number

-

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widowed6. (b) Name of husband or wife Emory Myers7. Birth date of deceased (mo., day, yr.) Oct. 29, 18618. AGE: Years 87 Months 0 Days 11 If less than one day - hrs. - min.9. Birthplace Washington Co., Md.
(Town, county, and state)10. Usual occupation Housewife11. Industry or business -12. Name Peter E. Shires13. Birthplace Maryland14. Maiden name Nancy Ann Bevans15. Birthplace Maryland16. Informant Mrs. M. G. ShankAddress 160 S. Potomac St. Hagerstown Md.17. Burial Date thereof Nov. 12, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Shires CemeteryLocation East of Hancock Md.18. Funeral director Charles R. BestAddress Hancock, Md.19. Nov. 10, 1948 Registrar Charles Bowers
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 9 19 48 at 11 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Oct 11 19 48 to Nov 9 19 48and that I last saw him alive on Nov 8 19 48Immediate cause of death Myocarditis chr

DURATION

?Due to acute dilatation heart11/9/48Due to -Other conditions -

(Include pregnancy within 8 months of death)

Major findings of operations -Date of op. -Autopsy results -

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide - Date of -

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) -Means of injury - Injured at work? -23. SIGNATURE Al Porterfield M.D.

M. D. or other

Address 136 W Washington Date signed 11/10/48

RECEIVED

NOV 15 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11801

Reg. Dist. No. 352

1. PLACE OF DEATH:

County Washington
 City or town Hagerstown, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life
 Hospital, institution, or street address where death occurred:
121 Alexander Street
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 121 Alexander Street
 (If rural, give LOCATION)
 2. (a) If veteran, name war

3. (a) FULL NAME

Louisa May Nigh

3. (b) Social Security Number

NONE

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

John R. Nigh6. (c) If alive, give age 76 years

7. Birth date of deceased (mo., day, yr.)

November 19, 1877

8. AGE:

Years

Months

Days

If less than one day

7101

hrs.

min.

9. Birthplace

Hagerstown, Wash. Co. Md.

(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

FATHER
MOTHER

12. Name

George D. Socks

13. Birthplace

Hagerstown, Maryland

14. Maiden name

Gottleen Wellinger

15. Birthplace

Germany

16. Informant

John R. Nigh

Address

Hagerstown, Maryland

17.

Burial

Date thereof

11-23-48

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

Rose Hill Cemetery

Location

Hagerstown, Maryland

18. Funeral director

C. M. Puter & Sons

Address

Hagerstown, Maryland

19.

Nov 23, 1948East Bowers

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

November 20, 1948, at 8:15 P.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19

to

19

and that I last saw him alive on

19

Immediate cause of death

DURATION

Acute coronary occlusion, 2 days

Due to

Diabetes M.4 yrs.

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

None

Date of op.

Autopsy results

None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

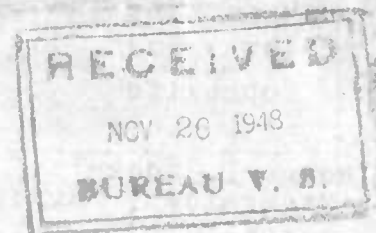
23. SIGNATURE

S. R. H. & Wells, M.D.

M. D. certificate

Address

Hagerstown, Md.Date signed 11/23/48



49

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11802

Reg. Dist. No. 306

1. PLACE OF DEATH:

County Washington
 City or town Cascade
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 13 days
 Hospital, institution or street address where death occurred
Ritchie Hosp.
 How long in hospital or institution? 13 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Montgomery
 City or town Rockville
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2. (a) If veteran, name war _____

3. (a) FULL NAME

George Peter

3. (b) Social Security Number

mm

4. Sex

M

5. Color of race

W

6. (a) Single, married, widowed, or divorced

Separated

6. (b) Name of husband or wife

Margaret (last name unknown)

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.)

November 30, 1878

8. AGE:

Years

69

Months

11

Days

28

If less than one day

hrs. _____ min. _____

9. Birthplace

Colverville Maryland
(Town, county, and state)

10. Usual occupation

Unemployed

11. Industry or business

Michael Peter

12. Name

Germany

13. Birthplace

Barbarid

14. Maiden name

Germany

15. Birthplace

Hosp. Admission

16. Informant

Record

17. Burial

Burial Date thereof Dec 2 1948
(Burial, cremation, or removal. Which) (month) (day) (year)

Cemetery or crematorium

Forest Glen, Md.

18. Funeral director

Ray W. Bzzyer

Address

Rockville Md.

19. Date rec'd by registrar

Dec 3rd 1948 Geo. W. Ferguson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 28, 1948 at 6:55 P.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

11-15-1948 to 11-28-1948and that I last saw him alive on November 28, 1948

Immediate cause of death

Ruptured Aortic AneurysmDue to arteriosclerosisDue to arteriosclerosisDue to arteriosclerosisOther conditions arteriosclerosisBilateral cataractslower extremitiesMajor findings of operations none

Antopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

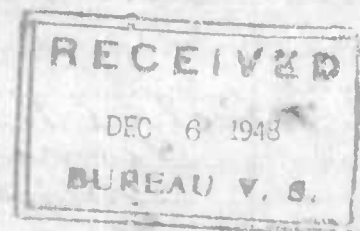
Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE J. C. M. Lee M. D. or other _____Address Ritchie Hosp. Date signed 11/28/48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

11893

304

1. PLACE OF DEATH:

County Washington
City or town Hancock
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Virginia County Montgomery
Radford

City or town
(If outside city or town limits, write RURAL and give nearest town)

Street No. 401 Clement St.
(If rural, give LOCATION)

2.(a) If veteran, name war W.W. II

3. (a) FULL NAME

Amos Earl Phillips

3. (b) Social Security Number

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife Lera Whitlow

7. Birth date of

deceased (mo., day, yr.)

April 5, 1920

6. (c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

28

7

0

hrs.

min.

9. Birthplace

Bluefield, Va.

(Town, county, and state)

10. Usual occupation

Electrician

11. Industry or business

MOTHER
FATHER

12. Name

William Phillips

13. Birthplace

Washington Co. Va.

14. Maiden name

Ethel French

15. Birthplace

Washington Co. Va.

16. Informant

Truman McGrew

Address

Radford, Va.

17.

Removal

Date thereof

11-5-48

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

Sumner Cemetery

Location

Radford, Va.

18. Funeral director

Snyder-Rowland

Address

Hancock, Md.

19.

11-8-48

(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

Nov. 5 '48

20. DATE OF DEATH

19 2:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19

to

19

and that I last saw him alive on

19

Immediate cause of death

Open Fracture of skull

DURATION

crushed chest

Due to

fracture left humerus

Due to

Open fracture rt femur

hemorrhage & shock

Other conditions

(Include pregnancy within 3 months of death)

no

Major findings of operations

no

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

accident

Nov. 5 '48

Where did injury occur?

Hancock Wash

Md.

(City or town) Hancock bridge

Injured at home, farm, industry, public place (where?)

Means of injury

drove car into bridge

DEPUTY MEDICAL EXAM.

23. SIGNATURE

S. Robert Wells

WASH. CO. MD.

Address

Hagerstown, Md.

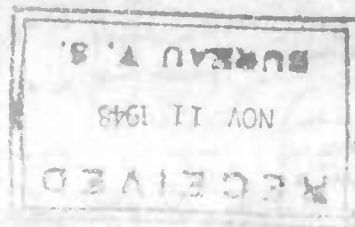
Date signed

Nov 6-48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



Evidence for change of
birth date shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11804
302
Reg. Dist. No. 170C
No. G 118 NOV 26 1948 CERTIFICATE OF DEATH

1. PLACE OF DEATH:

County Washington
City or town Hagerstown, Maryland
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 2 days
Hospital, institution, or street address where death occurred:
Washington County Hospital
How long in hospital or institution? 2 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Virginia County Henry
City or town Martinsville, Va. R.F.D. #3
(If outside city or town limits, write RURAL and give nearest town)
Street No. _____
(If rural, give LOCATION)
2.(a) If veteran, name war _____

3.(a) FULL NAME

Lera Cline Phillips

3.(b) Social Security Number

220-20-2528

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Married
8.(b) Name of husband or wife Amos E. Phillips
7. Birth date of deceased (mo., day, yr.) April 18, 1907 1927 6.(c) If alive, give age 28 years
8. AGE: Years 21 Months 7 Days 19 If less than one day _____ hr. _____ min.

9. Birthplace Patrick County, Virginia
(Town, county, and state)
10. Usual occupation Housewife
11. Industry or business _____
12. Name B. D. Whitlow
13. Birthplace Virginia
14. Maiden name Lera M. Turner
15. Birthplace Virginia

16. Informant Belvia D. Whitlow
Address Martinsville, R. F. D. #3
17. Removal 11-8-48 Date thereof (month) (day) (year)
(Burial, cremation, or removal. Which?)
Cemetery or crematory Pleasant Grove Cemetery
Location Martinsville, Virginia
18. Funeral director C. M. Suter & Sons
Address Hagerstown, Maryland
19. Nov 8, 1948 Beaht Powers
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

Nov/7/48 7:48p

20. DATE OF DEATH _____ 19____, at _____ M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from _____ 19____, to _____ 19____, and that I last saw him _____ alive on _____ 19____
Immediate cause of death _____
Open fractures of left femur
Due to Tibia & fibula 52 h b
Due to closed fracture of rt femur
Hemorrhage & shock
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Accident Date of 11/5/48
Where did injury occur? HANCOCK Wash Ind
(City or town) (County) (State)
Injured at home, farm, industry, public place (where?) BRIDGE A HANCOCK
Means of injury AUTO STRUCK BRIDGE Injured at work? No
23. SIGNATURE S. Robert Wells DEPUTY MEDICAL EXAM.
Address Hagerstown, Md WASH. CO., MD.
M. D. 11/18/48
Date signed 11/18/48

MARGIN RESERVED FOR BINDING

VS A15

9.45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

Wells

RECEIVED

NOV 10 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 316

1. PLACE OF DEATH:

County Washington
 City or town near Keedysville (Rural)
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 5 weeks
 Hospital, institution, or street address where death occurred:
Keedysville Md. R. 1
 How long in hospital or institution? at home

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Washington
 City or town Park Hall Rural
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Rehersville Md. R. 1
 (If rural, give LOCATION)
 2.(a) If veteran, name war no.

3. (a) FULL NAME

Jamie Catherine Reeder

3. (b) Social Security Number

none

4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced

Female White Married

6.(b) Name of husband or wife Charles E. Reeder7. Birth date of deceased (mo., day, yr.) November - 29 - 18798. AGE: Years Months Days If less than one day
68 11 3 hrs. min.9. Birthplace Park Hall Wash. Co. Md.
(Town, county, and state)10. Usual occupation House wife11. Industry or business Own home12. Name Samson Poffenberger13. Birthplace Park Hall Wash. Co. Md.14. Maiden name Susan Palmer15. Birthplace M. Myusville Fred. Co. Md.16. Informant Mrs. Ira HoughAddress Keedysville Md. R. 117. Burial Date thereof Nov. 5, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Boonsboro CemeteryLocation Boonsboro Md.18. Funeral director Wm J. BachtersonAddress Boonsboro Md19. Nov 5 1948 W J Bachterson
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November - 2 - 1948 at 5:30 A-M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
Oct. 18 1948 to Nov. 2 1948
and that I last saw her alive on Nov. 1 1948Immediate cause of death General Arteriosclerosis
Arterial Hypertension

DURATION

21 days
25

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

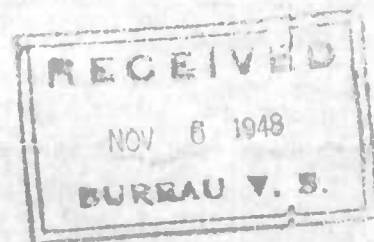
23. SIGNATURE John L. Reeder M.D.Address Boonsboro Md. Date signed 11/3/48

MARGIN RESERVED FOR BINDING

VS A15

9-45-15M

Dr. Wade
 PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

11806

50

1. PLACE OF DEATH: Washington
 County.....
 City or town.....
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?.....
 Hospital, institution, or street address where death occurred:
 Washington County Hospital
 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State..... Maryland County..... Washington
 City or town..... Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No..... 429 N. Locust St.
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3.(a) FULL NAME

Irene McGraw Rohrer

3.(b) Social Security Number

4. Sex..... Female
 5. Color or race..... White
 6.(a) Single, married, widowed, or divorced..... Widowed
 6.(b) Name of husband or wife..... George W. Rohrer

7. Birth date of deceased (mo., day, yr.)..... September 21, 1868
 6.(c) If alive, give age..... years

8. AGE: Years..... 80 Months..... 1 Days..... 13 hrs..... min.....

9. Birthplace..... Sharpsburg Wash. Co. Md.
 (Town, county, and state)

10. Usual occupation..... None
 11. Industry or business..... None

12. Name..... Jacob McGraw
 13. Birthplace..... Sharpsburg Md.

14. Maiden name..... ANNA M. Kretzer
 15. Birthplace..... Sharpsburg Md.

16. Informant..... Mrs. Margaret Robinson
 Address..... Spring Grove Pa.

17. Burial..... Nov. 7, 1948
 (Burial, cremation, or removal. Which?) Date thereof.....
 (month) (day) (year)

Cemetery or crematory..... Mt. View Cemetery
 Location..... Sharpsburg Md.

18. Funeral director..... Scott F. Minnich & Son
 Address..... Hagerstown Md.

19. Nov. 7, 48
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... November 4 19. 48 at 9:15a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
 Aug 26 19. 44, to Nov 4 19. 48
 and that I last saw him alive on Nov 4 19. 48

Immediate cause of death.....
 Carcinoma of Breast
 Metastasis to Lungs

Due to.....

Due to.....

Other conditions.....
 (Include pregnancy within 3 months of death)

Major findings of operations.....
 Date of op.

Autopsy results.....
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide..... Date of

Where did injury occur?.....
 (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....
 Means of injury..... Injured at work?

23. SIGNATURE..... H. L. Porterfield M.D.
 Address..... 136 W. Washington Date signed..... 11/6/48

RECEIVED

NOV 9 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

93d

11807

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington
 City or town Hagerstown, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 35 years
 Hospital, institution, or street address where death occurred:
In auto on West Washington Street
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 722 West Washington Street
 (If rural, give LOCATION)
 2. (a) If veteran, name war

3. (a) FULL NAME

Jacob A. Schultz

3. (b) Social Security Number

214-09-0853

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Single
 6. (b) Name of husband or wife
 6. (c) If alive, give age years
 7. Birth date of deceased (mo., day, yr.) May 1, 1893
 8. AGE: Years 55 Months 6 Days 4 If less than one day hrs. min.

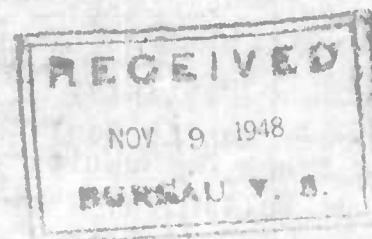
9. Birthplace Baltimore, Maryland
 (Town, county, and state)
 10. Usual occupation Machinist
 11. Industry or business Landis Tool Company
 12. Name Frank J. Schultz
 13. Birthplace Baltimore, Maryland
 14. Maiden name Ada M. Fitz
 15. Birthplace Blue Ridge Summit, Pa.
 16. Informant Mrs. Florence Reynolds
 Address Hagerstown, Maryland
 17. Burial Date thereof 11-8-48
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Rose Hill Cemetery
 Location Hagerstown, Maryland
 18. Funeral director C. M. Suter & Sons
 Address Hagerstown, Maryland
 19. Nov. 6, 48 Bluff Bowers
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

2D. DATE OF DEATH Nov. 4 19 48 at 11:45 A
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19....., to 19.....
 and that I last saw him alive on 19.....
 Immediate cause of death
arteriosclerotic heart disease
 Due to (coronary)
coronary occlusion 24hrs
 Due to acute ventricular fibrillation
 Other conditions
 (Include pregnancy within 3 months of death)
 Major findings of operations no Date of op.
 Autopsy results no
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide no Date of
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?
 DEPUTY MEDICAL EXAM.
 23. SIGNATURE S. Robert Wells WASH. CO., MD.
 M. D. or
 Address Hagerstown, Md. Date signed Nov. 5, 48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11808

Reg. Dist. No. 302

1. PLACE OF DEATH:

County WashingtonCity or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? one day

Hospital, institution, or street address where death occurred:

Wash. Co. HospitalHow long in hospital or institution? one day

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County WashingtonCity or town Brownsville - Rural
(If outside city or town limits, write RURAL and give nearest town)Street No. Knoxville R. 1
(If rural, give LOCATION)2.(a) If veteran, name war no

3. (a) FULL NAME

Jacob Theodore SechristJacob Theodore
Secrist?

3. (b) Social Security Number

None

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Elgie Sechrist

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

October - 31 - 1871

8. AGE:

Years

Months

Days

It less than one day

77026

hrs.

min.

9. Birthplace

Pennsylvania
(Town, county, and state)

10. Usual occupation

Laborer

11. Industry or business

FATHER

12. Name

No Record

13. Birthplace

" "

MOTHER

14. Maiden name

No Record

15. Birthplace

" "

16. Informant

Francis Sechrist

Address

Knoxville Md. R. 1

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof

Nov. 30, 1948
(month) (day) (year)

Cemetery or crematory

Brownsville Cemetery

Location

Brownsville Md.

18. Funeral director

Wm. J. Best & Sons

Address

Boonsboro Md.

19. (Date rec'd by registrar)

Nov. 29, 1948

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov/27 1948 19 6:05A at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19

to

19

and that I last saw him alive on

19

Immediate cause of death

DURATION

Aortic stenosis?

Due to

Pulm. hydrothorax

Due to

chr. myocardial heart failure
grade IV

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations noAutopsy results as above Date of op. Nov/27/48

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide No

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, pub'c place (where?)

Means of injury

Injured at work?

DEPUTY MEDICAL EXAM.

23. SIGNATURE

J. Robert Wells

WASH. CO., MD.

Address

Hagerstown Md.

Date signed

Nov. 28, 48

MARGIN RESERVED FOR BINDING

VS A15

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

DEC 1 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore
CERTIFICATE OF DEATH

Dr. Victor Miller

11809

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington
City or town Hagerstown, Md.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 10 years
Hospital, institution, or street address where death occurred:
232 West Side Ave.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington
City or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)
Street No. 232 West Side Ave.
(If rural, give LOCATION)

2.(a) If veteran, name war none

3.(a) FULL NAME

Ida Florence Shaw

3.(b) Social Security Number

None

4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced

Female White Married

6.(b) Name of husband or wife David Shaw7. Birth date of deceased (mo., day, yr.) Nov. 26, 1875 6.(c) If alive, give age 74 years8. AGE: Years Months Days If less than one day
72 11 24 hrs. min.9. Birthplace Hagerstown, Wash. Cty., Md.
(Town, county, and state)10. Usual occupation Housewife11. Industry or business Own Home12. Name Daniel Socks13. Birthplace Hagerstown, Md.14. Maiden name Eliza Downin15. Birthplace Wilsons, Md.16. Informant David ShawAddress Hagerstown, Md.17. Burial Date thereof 11-23-48
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Rose Hill CemeteryLocation Hagerstown, Md.18. Funeral director Andrew K. CoffmanAddress Hagerstown, Md.19. Nov. 20 1948 Chas H Bowers
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 20, 1948 at 8:30 A.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1 1948 to November 20 1948
and that I last saw him alive on 10/18 1948Immediate cause of death Coronary thrombosis
Chronic subcoronary
arterio-sclerosis

Due to

Due to

Other conditions ☒

(Include pregnancy within 8 months of death)

Major findings of operations U

Date of op.

Autopsy results U

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

Signature Dr. Victor D. Miller
DR. VICTOR D. MILLER. M. D. or otherAddress 131 W. Washington St. Date signed 11/20-48

RECEIVED BY MAIL ROOM NOV 23 1945

RECEIVED BY MAIL ROOM NOV 23 1945

RECEIVED
NOV 23 1945
BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

11810

83a

1. PLACE OF DEATH:

County... Washington
 City or town... Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 27 years
 Hospital, institution, or street address where death occurred:
266 Frederick Street
 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State... Maryland County... Washington
 City or town... Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 266 Frederick Street
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME

Ray William Smith

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Single
 6.(b) Name of husband or wife.....
 6.(c) If alive, give age..... years
 7. Birth date of deceased (mo., day, yr.) July 8, 1915
 8. AGE: Years 33 Months 3 Day 26 If less than one day: hrs. min.

9. Birthplace Rockford, Ill.
 (Town, county, and state)
 10. Usual occupation... Barber
 11. Industry or business.....
 12. Name Lewis F. Smith
 13. Birthplace Smithburg, Maryland
 14. Maiden name Bertha Brown
 15. Birthplace Smithburg, Maryland

16. Informant Mr. Lewis F. Smith
 Address 266 Frederick St. Hagerstown, Md.
 17. Burial Date thereof Nov. 4, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Rose Hill Cemetery
 Location Hagerstown, Maryland
 18. Funeral director Fred W. Kraiss
 Address Hagerstown, Maryland

19. Nov 4, 1948 Registrar W. H. Bowers
 (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH November 1, 1948 5:00 P.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19..... to 19.....
 and that I last saw him alive on 19.....

Immediate cause of death..... DURATION
Cerebral hemorrhage 5 yrs
 Due to acute cerebral hemorrhage 30 min.
 Due to.....
 Other conditions.....

(Include pregnancy within 3 months of death)
 Major findings of operations None Date of op.

Autopsy results None
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide..... Date of.....
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE W. H. Bowers DEPUTY MEDICAL EXAM.
Hagerstown, Md. WASH. CO., MD.
 Address..... Date signed 11/4/48

RECEIVED

NOV 8 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 11811 352

1. PLACE OF DEATH:

County Washington
City or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Life
Hospital, institution, or street address where death occurred:
Washington County Hospital
How long in hospital or institution? 9 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington
City or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)
Street No. 203 S. Potomac Street
(If rural, give LOCATION)
2. (a) If veteran, name war non-vet.

3. (a) FULL NAME

REINHART FREDERICK SMITH

3. (b) Social Security Number

none

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife Anne J. Bear

7. Birth date of deceased (mo., day, yr.) November 10, 1868 6. (c) If alive, give age 75 years

8. AGE: Years 79 Months 11 Days 22 If less than one day hrs. min.

9. Birthplace Hagerstown Washington, Md.
(Town, county, and state)

10. Usual occupation Barber

11. Industry or business own barber

12. Name Unknown Smith

13. Birthplace Germany

14. Maiden name Katherine Unknown

15. Birthplace Germany

16. Informant Mrs. Anna Smith Md.

Address 203 S. Potomac St., Hagerstown

17. Burial Date thereof 11-5-48
(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Rose Hill Cemetery

Location Hagerstown, Md.

18. Funeral director W.T. Sargent

Address Hagerstown, Md.

19. Nov 3, 1948 Registrar Chas. Bowers

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH NOV 2 19 48 at 11 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 24 19 48 to Nov 2 19 48
and that I last saw him alive on Nov 2 19 48

Immediate cause of death Cardiac dilatation DURATION 11/1/48

Due to Solar Pneumonia 10/24/48

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE H.H. Porterfield M.D. M. D. or other

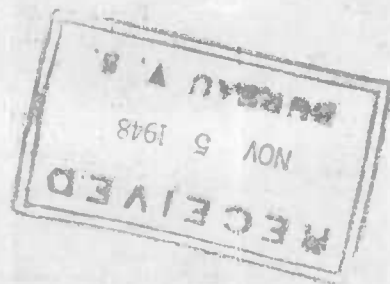
Address 136 W Washington Date signed 11/3/48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

T

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 305

1. PLACE OF DEATH:

County Washington
City or town Cleelandville Rural
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Life
Hospital, institution, or street address where death occurred:
Boonsboro md. R. 2
How long in hospital or institution? at home

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Washington
City or town Cleelandville - Rural
(If outside city or town limits, write RURAL and give nearest town)
Street No. Boonsboro md. R. 2
(If rural, give LOCATION)
2.(a) If veteran, name war No.

3. (a) FULL NAME

Samuel Edward Smith

3. (b) Social Security Number

None

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Male White Widowed

6. (b) Name of husband or wife Mollie Smith

7. Birth date of deceased (mo., day, yr.) October - 13 - 1861
6. (c) If alive, give age 87 years

8. AGE: Years Months Days If less than one day
87 0 27 hrs. min.

9. Birthplace Near Boonsboro Wash. Co. md.
(Town, county, and state)

10. Usual occupation Retired Stone Mason

11. Industry or business

12. Name Andrew Smith

13. Birthplace Wash. Co. md.

14. Maiden name Elizabeth Palmer

15. Birthplace Wash. Co. md.

16. Informant Mrs. Jack Morgan

Address Boonsboro md.

17. Burial Date thereof Nov. 13, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Littlestown Cemetery

Location Littlestown md.

18. Funeral director Wm. J. Best & Sons

Address Boonsboro md.

19. Nov. 11 19 48 John D. Best
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 10 19 48 at 3.30 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 1 19 48 to November 10 19 48

and that I last saw him alive on November 9 19 48

Immediate cause of death Chronic Myocarditis

Due to Chronic Myocarditis

Due to Chronic Myocarditis

Other conditions Chronic Myocarditis

(Include pregnancy within 3 months of death)

Major findings of operations Chronic Myocarditis

Autopsy results Chronic Myocarditis

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Chronic Myocarditis Date of Chronic Myocarditis

Where did injury occur? Chronic Myocarditis (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Chronic Myocarditis

Means of injury Chronic Myocarditis Injured at work? Chronic Myocarditis

23. SIGNATURE John D. Best M. D. or other

Address Boonsboro Date signed 4/11/48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

NOV 15 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 301

1. PLACE OF DEATH:

County WashingtonCity or town Williamsport
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 80 yearsHospital, institution, or street address where death occurred:
13 East Church St.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County WashingtonCity or town Williamsport
(If outside city or town limits, write RURAL and give nearest town)Street No. 13 East Church St.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

William Fredrick Smith

3. (b) Social Security Number

None4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Single6.(b) Name of husband or wife
6.(c) If alive, give age years7. Birth date of deceased (mo., day, yr.) April 9, 18688. AGE: Years 80 Months 7 Days 2 If less than one day
hrs. min.9. Birthplace Williamsport Wash. Maryland
(Town, county, and state)10. Usual occupation Tinsmith and Painter11. Industry or business Same12. Name Fredrick William Smith13. Birthplace Germany14. Maiden name Elizabeth Spangler15. Birthplace Germany16. Informant Mr. George SmithAddress Hagerstown, Maryland17. Burial Date thereof Nov. 14, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Riverview CemeteryLocation Williamsport, Md.18. Funeral director Edith V. LeafAddress Williamsport, Md.19. Nov. 14 19 48 E Lee McEwen
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 11, 1948 19 48, at 6:00 PM21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
Nov. 1 19 48 to Nov. 11 19 48
and that I last saw him alive on Nov. 11 19 48

Immediate cause of death

DURATION

Cerebral Infarction 10 daysDue to Arterio Sclerosis 10 "

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Edith V. Leaf M. D. or otherAddress Williamsport, Md. Date signed 11/17/48

RECEIVED

NOV 19 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

11814

1. PLACE OF DEATH: Washington
 County.....
 City or town.....
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 16 years
 Hospital, institution, or street address where death occurred:
 116 Cleveland Ave.
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State Maryland County Washington
 City or town.....
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 116 Cleveland Ave.
 (If rural, give LOCATION)
 2. (a) If veteran, name war World War 11

3. (a) FULL NAME
 Ira K. Snively Jr.

3. (b) Social Security Number
 214-09-2502

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married
 6. (b) Name of husband or wife Helen L. Snively
 6. (c) If alive, give age 34 years
 7. Birth date of deceased (mo., day, yr.) April 15, 1908
 8. AGE: Years 40 Months 6 Days 19 If less than one day hrs. min.

9. Birthplace Keedysville Wash. Co. Md.
 (Town, county, and state)
 10. Usual occupation Foreman
 11. Industry or business Statton Furnisher Co.

12. Name Ira K. Snively Sr.
 13. Birthplace Keedysville Md.
 14. Maiden name Nora Bovey
 15. Birthplace Keedysville Md.

16. Informant Mrs. Helen L. Snively
 Address Hagerstown Md.

17. Burial Date thereof Nov. 6, 1948
 (Burial, cremation, or removal, Which?) (month) (day) (year)
 Cemetery or crematory Rose Hill Cemetery
 Location Hagerstown Md.

18. Funeral director Scott F. Minnich & Son
 Address Hagerstown Md.

19. Nov. 6, 1948 - Death Bowron
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 4, 1948, at 5:30 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July, 1946, to November 1948 and that I last saw him alive on November 3, 1948.

Immediate cause of death
 Carcinoma left maxillary Antrum
 DURATION 2 1/2 yrs.

Due to

Due to

Other conditions None

(Include pregnancy within 3 months of death)

Major findings of operations Carcinoma
 Date of op. 1947

Autopsy results
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide Date of
 Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE
 Address Date signed 11/4/48
 M. D. or other

RECEIVED

NOV 9 1948

BUREAU V. S.

M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11815

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 35 years
 Hospital, institution, or street address where death occurred:
Washington County Hospital
 How long in hospital or institution? 4 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 61 West Washington St.
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME

Flossie Geneva Stottlemeyer

3. (b) Social Security Number

None

4. Sex Female 5. Color or race white 6. (a) Single, married, widowed, or divorced Single

6. (b) Name of husband or wife.....

6. (c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.) July 19, 1901

8. AGE: Years 47 Months 3 Days 20 If less than one day
 hrs. min.

9. Birthplace Illinois
(Town, county, and state)10. Usual occupation None

11. Industry or business.....

12. Name Rufus E. Stottlemeyer13. Birthplace Wolfsville, Maryland14. Maiden name Pearl Wetnight15. Birthplace Burkettsville, Maryland16. Informant Miss Minnie StottlemeyerAddress 61 W. Washington St. Hagerstown, Md.17. Burial Date thereat Nov. 11, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Rose Hill CemeteryLocation Hagerstown, Md.18. Funeral director Frederic W. KraissAddress Hagerstown, Md.

19. Nov. 11, 1948 Blasht/Bowers
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 8, 1948 19 48 at 11 10 A M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 1, 1948 to Nov 8, 1948and that I last saw her alive on November 8, 1948Immediate cause of death Pulmonary edema DURATIONDue to Cardiac insufficiencyDue to Rheumatic heart disease

Other conditions Rheumatoid arthritis
Emaciation
 (Include pregnancy within 3 months of death)

Major findings of operations..... Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

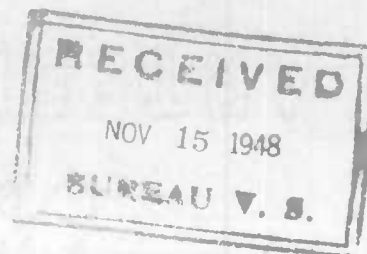
Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Robert J. Keadle M. D. or otherAddress Hagerstown, Md. Date signed 11-9-48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

11816

1. PLACE OF DEATH:

County Washington
 City or town Hagerstown, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 50 years
 Hospital, institution, or street address where death occurred:
208 South Prospect Street
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 208 South Prospect Street
 (If rural, give LOCATION)
 2.(a) if veteran, name war

3. (a) FULL NAME

Palmer Tennant

3. (b) Social Security Number

NONE

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married
 6. (b) Name of husband or wife Cora Louise Tennant
 8. (c) If alive, give age 72 years
 7. Birth date of deceased (mo., day, yr.) June 2, 1869
 8. AGE: Years 79 Months 5 Days 11 If less than one day
hrs.min.

9. Birthplace Norfolk, Virginia
 (Town, county, and state)
 10. Usual occupation Retired Lawyer
 11. Industry or business

FATHER 12. Name Charles Tennant
 13. Birthplace Connecticut
 MOTHER 14. Maiden name Ella Harrison
 15. Birthplace Norfolk, Virginia

Mrs. Palmer Tennant
 16. Informant Hagerstown, Maryland
 Address

17. Burial 11-16-48
 (Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)
 Cemetery or crematory Mausoleum, Rose Hill Cem.
 Location Hagerstown, Maryland

18. Funeral director C. M. Suter & Sons
 Address Hagerstown, Maryland

19. Nov. 16 48
 (Data rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 13, 1948 at 6 PM
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 1, 1948 to 11/13-1948
 and that I last saw him alive on 11/11 1948
 Immediate cause of death Coronary Occlusion 6-7 yrs.
Chronic Nephritis
Chronic Subcoronitis DURATION 30 yrs.
 Due to Chronic Subcoronitis
 Due to
 Other conditions
 (Include pregnancy within 3 months of death)
 Major findings of operations
 Autopsy results
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: 11/7/1948
 Accident, suicide, or homicide No Date of
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?
 Signature Victor D. Miller
 23. SIGNATURE DR. VICTOR D. MILLER M. D. or other
 Address 131 W. WASHINGTON ST. Date signed 11/14/1948

MARGIN RESERVED FOR BINDING

VS A15 9-45-15N

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

NOV 18 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington
 City or town Waynesboro, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 29 years
 Hospital, institution, or street address where death occurred:
Washington County Hospital
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington
 City or town Flagston, Md
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 9 Cypress
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Harry Clinton Unger

3. (b) Social Security Number

Unger

4. Sex Male 5. Color or race W 6.(a) Single, married, widowed, or divorced Single
 8.(b) Name of husband or wife
 6.(c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) Oct. 4, 1879

8. AGE: Years Months Days If less than one day
69 1 16 _____ hrs. _____ min.

9. Birthplace Waynesboro, Pa. RFD #3
 (Town, county, and state)

10. Usual occupation Iron molder

11. Industry or business

FATHER 12. Name Abram Unger
 13. Birthplace Germany

MOTHER 14. Maiden name Mary E. Poper
 15. Birthplace Waynesboro, Pa, RFD #3

16. Informant
 Address

17. Burial Date thereof 11/25/48
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Price
 Location Franklin Co. Pennsylvania

18. Funeral director Facts of Life
 Address 27 S. Church St. Waynesboro, Pa

19. Nov 22 1948 Registrar
 (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH November 20 1948 at 4:30 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 4 1948 to Nov 20 1948
 and that I last saw him alive on Nov. 20 1948

Immediate cause of death Respiratory failure
Cerebral thrombosis
 Due to
 Due to
 Other conditions

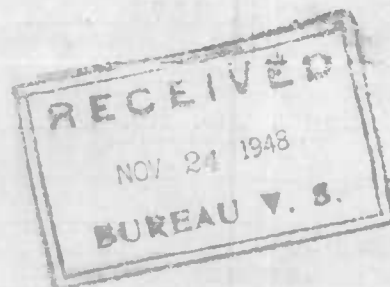
DURATION

(Include pregnancy within 8 months of death, if
 Major findings of operations Cerebral thrombosis

Autopsy results Cerebral thrombosis Date of op.
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
 Accident, suicide, or homicide Date of
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE J. M. Layman, M.D.
 M. D. or other
 Address Flagston, Md Date signed 11/20-48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 11818 302

1. PLACE OF DEATH:

County WASHINGTON
City or town HAGERSTOWN
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 2 DAYS
Hospital, institution, or street address where death occurred:
WASHINGTON COUNTY HOSPITAL
How long in hospital or institution? 2 DAYS

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State PENNSYLVANIA County FRANKLIN
City or town RURAL GREENCASTLE, PA.
(If outside city or town limits, write RURAL and give nearest town)
Street No. GREENCASTLE RT. #2
(If rural, give LOCATION)
2. (a) If veteran, name war NON-VET.

3. (a) FULL NAME

ELMER R. WALLECH

3. (b) Social Security Number

NONE

4. Sex MALE 5. Color or race WHITE 6. (a) Single, married, widowed, or divorced WIDOWED

6. (b) Name of husband or wife

1. Birth date of deceased (mo., day, yr.) DECEMBER 15, 1872 6. (c) If alive, give age..... years

8. AGE: Years 75 Months 10 Days 24 If less than one day..... hrs. min.

9. Birthplace FRANKLIN COUNTY, PA.
(Town, county, and state)

10. Usual occupation FARMER

11. Industry or business

12. Name LEVI WALLECH

13. Birthplace FRANKLIN COUNTY, PA.

14. Maiden name ANNA MARY SHAPIER

15. Birthplace FRANKLIN COUNTY, PA.

16. Informant MR. NORMAN WALLECH

Address GREENCASTLE RT. #2, PA.

17. BURIAL Date thereof 11/12/48
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory CEDAR HILL

Location FRANKLIN COUNTY, PA.

18. Funeral director W. J. Normant

Address Hagerstown, Md.

19. Nov 10, 1948 Registrar Bleaseth Powers

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 9, 1948 at 10:25 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 6, 1948 to Nov 9, 1948 and that I last saw him alive on Nov 8, 1948

Immediate cause of death Uremia DURATION 1 mo +

Due to Carcinoma prostate 2 yrs +

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations Carcinoma extending into Bladder Date of op. Nov 8, 1948

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. L. Houghton, M.D. M. D. or other

Address Hagerstown, Md. Date signed Nov 10, 48

MARGIN RESERVED FOR BINDING

I

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

9.45.15M

Dr. Houghton
115 W. Wash. St.

RECEIVED

NOV 15 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITHOUT FADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 11819 306

1. PLACE OF DEATH:

County Washington
 City or town Blue Ridge Summit
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 7 yrs.
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington
 City or town Rural
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Blue Ridge Summit, Pa.
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Charles A. Waynant

3. (b) Social Security Number

173-03-2962H

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

M. W. M.6. (b) Name of husband or wife Mable Oden6. (c) If alive, give age 65 years7. Birth date of deceased (mo., day, yr.) Feb. 23, 18778. AGE: Years Months Days If less than one day
71 8 21 hrs. min.9. Birthplace Waynesboro Pa.
(Town, county, and state)10. Usual occupation Printer

11. Industry or business

12. Name A. E. Waynant13. Birthplace Waynesboro Pa.14. Maiden name Marian Bender15. Birthplace Waynesboro Pa.16. Informant Mrs Mable WaynantAddress Blue Ridge Summit17. Burial Date thereof 11/17/48
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory St AndrewsLocation Waynesboro Pa.18. Funeral director Walter V. GroveAddress 27 S. Church St., Waynesboro Pa.19. Nov-15- 48 Ed W. Ferguson
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 14 November 1948 at 9:25 PM21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1947 to 14 Nov. 1948 and that I last saw him 14 alive on 14 November 1948Immediate cause of death Cardiac Failure DURATION 1 yearDue to Arteriosclerotic Cardiovascular DiseaseDue to Old age

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Robert A. Fisher, M.D.Address Blue Ridge Summit, Pa. Date signed 14 Nov 48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11820

Reg. Dist. No. 302

1. PLACE OF DEATH: Washington
County.....
Hagerstown
City or town.....
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?.....
Hospital, institution, or street address where death occurred:
Garlock Memorial Home
How long in hospital or institution?.....
14 weeks

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
Maryland
State.....
Washington
County.....
Funkstown
City or town.....
(If outside city or town limits, write RURAL and give nearest town)
E. Baltimore
Street No.....
(If rural, give LOCATION)
2.(a) If veteran, name war.....

3. (a) FULL NAME
Lena Mae Whitmore

3. (b) Social Security Number

4. Sex
Female
5. Color or race
White
6. (a) Single, married, widowed, or divorced
Married
6. (b) Name of husband or wife.....
Earl Whitmore
6. (c) If alive, give age.....
59 years
7. Birth date of deceased (mo., day, yr.)
July 31, 1887
8. AGE: Years Months Days If less than one day
61 3 29 hrs. min.

9. Birthplace
Keedysville Wash. Co. Md.
(Town, county, and state)
10. Usual occupation.....
None
11. Industry or business.....
None
12. Name.....
Grant Wyand
13. Birthplace.....
Keedysville Md.
14. Maiden name.....
Etta Stine
15. Birthplace.....
Keedysville Md.

16. Informant.....
Earl Whitmore
Funkstown Md.
Address.....
17. Burial Date thereof Dec. 2, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)
Luthern Cemetery
Cemetery or crematory.....
Keedysville Md.
Location.....
18. Funeral director.....
Scott F. Minnich & Son
Hagerstown Md.
Address.....

19. Dec 2 1948
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH.....
November 30 1948 11: a
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
11-27-48 to 11-30-48
and that I last saw him alive on 11-30-48

Immediate cause of death
Carcinoma, Cervix Uteri
DURATION
June 1946

Due to.....
Due to.....
Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....
Date of op.....

Autopsy results.....
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide..... Date of.....
Where did injury occur?.....
(City or town) (County) (State)
Injured at home, farm, industry, public place (where?).....
Means of injury..... Injured at work?

23. SIGNATURE.....
M. D. or other
Address.....
Date signed.....

RECEIVED

DEC 4 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11821

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 6 Hours
 Hospital, institution, or street address where death occurred:
49 East Washington Street
 How long in hospital or institution? 6 Hours

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 4 Marbern Road
 (If rural, give LOCATION)
 2.(a) If veteran, name war NO

3.(a) FULL NAME

Mrs. Florence LaMar Wyand

3.(b) Social Security Number

None

4. Sex

Female

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Married

6.(b) Name of husband or wife

Arthur P.

7. Birth date of deceased (mo., day, yr.)

October 20, 1873

8.(c) If alive, give age

years

8. AGE:

Years

Months

Days

If less than one day

75

0

11

hrs.

min.

9. Birthplace

Keedysville Wash. Co. Md.
(Town, county, and state)

10. Usual occupation

House Wife

11. Industry or business

Own Home

MOTHER FATHER

12. Name

Marene LaMar

13. Birthplace

Bukettsville Md

14. Maiden name

Anna Snyder

15. Birthplace

Boonsboro, Md

16. Informant

Arthur P. Wyand
Hagerstown Md.

Address

17.

Burial

Date thereof

11/3/48

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

Rose Hill Cemetery

Location

Hagerstown Md.

18. Funeral director

Andrew K. Coffman

Address

Hagerstown Md.

19.

Nov 3, 1948

Charles Bowers

Registrar

MEDICAL CERTIFICATION

P

20. DATE OF DEATH November 1, 1948 at 10:30

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19....., to..... 19.....

and that I last saw him..... alive on..... 19.....

Immediate cause of death

Vascular hypertension
Acute massive pulmonary
hemorrhage

DURATION

Unknown

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations None

Date of op.

Autopsy results

None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide No Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE

S. Robert Mells

DEPUTY MEDICAL EXAM.

WASH. CO., MD.

Address

Hagerstown Md.

Date signed Nov 3, 1948

